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THE Public Health Nurse

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AN INFLUENZA CASE.

The
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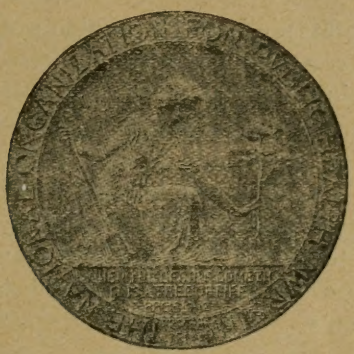

EDITORIALS

THE PASSING OF A LEADER IN THE NURSING PROFESSION

It is with very great regret that we have to announce the death of Jane A. Delano, Director of the Department of Nursing of the American Red Cross, who passed away at Savenay, France, on April 15th.

As former President of the American Nurses Association and Director of the American Journal of Nursing, as well as through her connection with the Red Cross, Miss Delano held a foremost place in the nursing profession; and it was largely owing to her efforts that more than 30,000 nurses were recruited for war service during the recent conflict.

Her loss will be deeply felt by the Red Cross, to which she gave her full devotion for a number of years, and in the service of which she had journeyed to Europe; as well as by the many associates who looked to her as their friend and leader.*

* An outline of Miss Delano's life and services will be found elsewhere in this issue of the magazine.

HUMAN HEALTH A NATIONAL CONCERN

We wish to call especial attention to an article in this number of THE PUBLIC HEALTH NURSE, which gives a truly admirable account of the plan for a Ministry of Health now before the British Parliament. In reading this account one is impressed anew with the immense importance of making the subject of human health a national concern of at least equal importance with the departments for the protection of animal and plant life and the development of other natural resources.

In the United States, all matters which are considered of first importance for the country's welfare have direct representation in our Cabinet and enjoy large subsidies for their development and maintenance. Yet human health which furnishes the driving power for every undertaking, great and small, in times of peace and in times of war, is left largely to the unrelated efforts of State, municipal and private bodies acknowledging no unifying principle of relationship in a common cause; the health of man, which constitutes the dynamic and the motor force of the world, is left largely to the initiative of individuals.

When war comes and there is definite and specific need for healthy troops, a very wide range of activities is set in motion to winnow the sound from the unsound and to salvage as much human health as can be quickly accomplished. As troops, they come under definite supervision and enjoy the benefits of great appropriations of money, and immediately become the objects of highly specialized and concentrated attention. It is precisely because of the stock-taking in human health made necessary by the war that we are in a position today to urge that human health be recognized in Peace and War as a matter of first concern to the country.

A State should acknowledge a standing obligation to its man power, not alone because it fights in time of need, but also because it tills the ground, drives the wheels of industry, builds, invents and endlessly, by day and by night, is found toiling and straining against the burdens which modern life has imposed upon men. Why should these workers in the aggregate be so unnecessarily and monstrously handicapped with all manner of physical disabilities? At whose door should be laid the almost universal sin of omission which leaves the individual, from his earliest childhood on, a prey to such constant and unnecessary dangers?

The proposed plan for a Ministry of Health in Great Britain takes the different aspects of this great problem under the most careful advisement, and the article of which we speak sets forth its outline in a way to give a really excellent idea not only of what the Committee entrusted with the matter have already learned of their nation's need, but also of the high hopes for definitely better results which they are now justified in entertaining. This widespread and careful study of human health and the means which will ensure its protection has resulted in giving the British Commission that quality of faith which removes mountains; and we are fortunate indeed to have so able a presentation of its labors as that given us in the article which we are publishing in this number.

—I. W. L.

A NATIONAL STANDARD OF HEALTH

Human health is a national concern, if for no other reason than that in times of war it is obliged to appear before a national tribunal. In the hour of danger each State sends its quota of men for defense, but it is a national standard which assesses a standard of health needful for fighting troops.

In a much less evident way the same principle holds true in regard to the place which a country holds in its industrial relationships with other parts of the world. Man power which is handicapped by physical disability is handicapped also in results. But setting these purely materialistic considerations aside, why should the vast masses of mankind be subjected to unnecessary ills and evils? Is it right that so important a matter as their physical well-being should be left entirely to sectional jurisdiction, since no other matter affects a nation so profoundly as the moral and physical health of its population? We all know the immense gain in power which comes from unifying various types and degrees of work for public betterment, and that nothing so much assures and intensifies effort along these lines as a central medium through which all can be related one to another and made in a general sense effective. Nothing short of national standards should be acceptable to us in a cause which affects us all. The determination of the degree of preventable risk to which a person should be exposed in different parts of the country should not be a matter of choice or hazard; the best standards in health should be established as definitely as the standard pound and pint and carat. If there is more risk of typhoid fever or tuberculosis in one town than another because of the neglect of

measures which are of well known and proved value, pressure should be brought to bear upon such a community to rouse it to the performance of its duty. There should be a national standard for drinking water, for milk, for breathing space—a standard to which a man should be as definitely entitled as to his honest pound or pint. It is absurd that the matter of no typhoid, a little typhoid, or much typhoid should be left to the slow and uncertain evolutionary forces of public opinion and information, which make towns and cities differ one from another in these respects and which often fail to reach outlying districts for years after the best standards have been secured in places geographically accessible. The best practicable standards in these matters should be a national concern and should be guaranteed to people everywhere. What more hideous betrayal of faith than that which attracts a man and his family to some great industrial centre, where they suffer, we will say, a thirty per cent greater risk of contracting typhoid fever or tuberculosis than they would perhaps do in an equally prosperous town a short distance north, south, or east of this particular locality?

If the comparative health statistics of towns and cities were given as wide publicity as their meteorological records, popular information would enable people to take many measures of precaution for themselves. However, better than all else would be acknowledged national standards below which none would be allowed to fall. I. W. L.

THE UNTRAINED WOMAN AND NATIONAL HEALTH STANDARDS

At the very base of the important results which we now obtain in the matter of national standards of human health is the widespread ignorance of women concerning the care of infants and children and adult persons for whom they are, in a domestic sense, responsible. This should be a matter of national concern, if for no other reason than that of its effect upon the nation's man power. As a prophylactic measure of general value no effort seems to us to promise better results than the definite, obligatory instruction of all women in the essential facts concerning cleanliness, food, air and rest, which lie at the bottom of human health. Such knowledge should not be optional on their part, since overwhelmingly the largest part of all people, both sick and well, come under the care of the hitherto untrained private woman.

BUREAU OF INFORMATION FOR NURSES RETURNING FROM WAR DUTY

Nurses who have been engaged in war service, either over-seas or in the cantonments, and who wish to return to civilian duty can obtain information and assistance in obtaining positions from the Bureau of Information established under the Red Cross at 44 East 23rd Street, New York City. Nurses who do not return by way of New York may make application through the Division offices of the Red Cross. The Bureau includes a Division of Public Health Nursing, through which information may be obtained not only in regard to openings for service in this field, but also respecting courses in Public Health Nursing and scholarships which are available.

A DISCUSSION ON THE TRAINING AND USE OF ATTENDANTS

HOW SHALL THE ATTENDANT BE TRAINED?

BY CECILIA A. EVANS

Director, Course for Public Health Nurses, Western Reserve University, Cleveland

Scarcely have we made headway in establishing standards in training schools for nurses when we are confronted with the problem that another group of workers must be trained to meet the demands in the care of the sick. We are told that there is definite need for the woman with less training than that required for nurses.

This worker is to be known by the name "attendant" which in some respects is a modern term for "practical nurse" or "experienced nurse," with which we have been familiar for many decades. In fact the word "nurse," with no adjective whatever to qualify it, was long associated with any one who gave care to the sick and this idea is held by a considerable part of the general public even today.

Previous to the war and the epidemic—both of which emphasized needs long vaguely felt—the practical nurse was in demand in the out-of-way places where the graduate nurse could not be secured, or in families in which the services of a graduate were considered too expensive. This person, in the great majority of cases, had no training whatever in the care of the sick, but chose nursing either because she was told by her friends that she was a "born" nurse, or because she had to earn her living and could make more money than she could at anything else without special preparation. The practical nurse formerly was within the reach economically of the middle class. She was often found in the homes, however, because the doctor had said he would send them a nurse and they trusted him.

To what extent there was an actual shortage of graduate nurses, especially during the epidemic, it is difficult to determine, but in many localities there was a real shortage. The general public resorted to calling upon anyone whom they could get to help and a great many women who knew nothing whatever about the care of the sick assumed the role of nurse and proceeded to act the part. In many instances, they left positions as maids, housekeepers, hair-dressers, etc., bought nurses' uniforms and registered at the commercial registries as nurses.

If the practical nurse was obscure in former years she very soon brought herself into the lime-light, and principally because of the price she set upon her services. She took advantage of a sick public, desperate for help of any kind.

Hospitals as well as private homes felt the lack of a supply of nurses and would have had to call upon her too, were it not for the timely assistance of hundreds of volunteer-aids. From this group there was almost no danger with respect to the lengths to which they might go in the care of the sick, for generally they were educated women who knew full well their limitations and wished only to be of service under guidance.

We have thought that, as soon as thousands of graduate nurses return from the army and navy to civil life, therein will lie the solution for the shortage we have felt these many months. Despite these prospects, there seems to be a growing demand for a type of woman with much less training than that which the graduate has.

This person is to be someone capable of aiding the nurse in certain routine duties in order to save the nurse's time for more technical service. Her assistance will be needed in infirmaries, children's homes, convalescent homes, insane institutions, and there are those who believe there is need of her even in large general hospitals. There is also a demand for her in homes in which a convalescent or chronic condition exists and also in homes where perhaps the mother is ill and there is need for someone to manage the home as well as to supplement the care which is being given by an hourly or visiting nurse. This person must know how to do certain simple things that will make a patient comfortable and she must be willing as well as able to take an active part in the management of the entire household.

The word attendant is, in this sense, not synonomous with the terms "practical nurse" or "experienced nurse," but rather is a name intended to designate her capabilities as indicated by the fact of her training. In contrast to the "practical nurse," the attendant will have a definite training, in which she will be taught the limits of her usefulness in the sick room.

In order to introduce this new type of worker to the public properly, there is every reason why it should be done through the establishment of a school for attendants. This at the outset would insure definiteness and dignity of purpose, and would eliminate confusion both from the minds of the public and the attendant herself.

A definite curriculum and a definite period of training has given the nurse her place, and close though her work is to that of the physician, there is no chance whatever for confusion between them.

This school for attendants, as has already been suggested by a number of persons, might consist of a central headquarters independent of all nursing schools or agencies of any sort and yet affiliated with them to whatever extent might be necessary. Affiliations proposed are those with convalescent homes, infirmaries, children's homes and some institutions which care for the insane. It is considered not only unwise, but practically impossible to consider the training of attendants in a general hospital conducting a training school for nurses. It seems equally unwise to consider this training in organizations where graduate nurses are employed, such as is the case in visiting nurse associations. The farther the two groups are from each other the more readily will the public understand the kind of service each is best prepared to give.

A school for attendants, then, would better be an organization unto itself, with its board of trustees made up of many of the same influential persons found on visiting nurse association and hospital boards, and from other prominent medical and social agencies in the community. The larger the representation the less the danger of mushroom attempts to establish attendants' courses. The central school idea for attendants is just as sound as the central school for nurses. Is not now the time to put the training on the basis we would like to see it—say ten years from now?

The period of time suggested for training varies from four or six months to one year. The curriculum varies from one with emphasis on nursing to one with emphasis on household management. There is a happy medium somewhere, which must be discovered and understood. It is not fair to the sick to offer them any more pseudo-care than they have been subjected to in the past.

With the proper organization and a definite understanding of the scope of the services of the attendant, the details of training should not be insurmountable.

Another phase of the problem which has already received some attention is that of state regulation. This is a real, necessary part of the program, even as it is, for nurses and doctors. Why should a state not know how many persons within its boundaries earn their livelihood by caring for the sick and what their preparation and experience have been? It requires licensure for almost every other form of employment, even to the licensure of peddlers in order that there may be some check on their business methods. In spite of the

exploitation which was so much talked of a few months ago, several states failed to enact in the sessions just closing any legislation which would prevent a recurrence of such a situation. As a matter of fact, legislation would do much to stimulate a demand for training as well as to check the unscrupulous.

If we believed that the people understand what the situation is, we would have but one conclusion to draw, and that is that they do not care what protection from ignorant care there is for the sick. As a matter of fact, we know they do care, but they do not know what can be done, or what they can do. The people themselves must be educated before the best can be accomplished. There seems to be no use to trust so vital a problem any longer to the men who are elected and sent to the legislatures expressly to represent us. We are wasting time when we ask them to consider any question in which they are not interested personally.

If we have the interest which we should have in the health of our communities, we must not ignore the demand for a supplementary worker in the field. If the attendant is a necessary factor in a health program of a community, we should lose no time in bringing the new program to pass. With definite training centers, with state licensure, with a great deal of publicity for the enlightenment of the public, and with sufficient business as well as dignity put into the plan, we can hope to make the kind of start that will eventually be a success.

SUPERVISED HOME NURSING

BY MARGARET N. PIERSON

Visiting Nurse Association, Orange, N. J.

The recent influenza epidemic brought anew to the attention of the public the seriousness of the problem of nursing care for those of moderate means. It became more than ever evident that adequate nursing care should be made available, in case of serious illness, in the homes of those whose incomes, while sufficient to meet their needs under normal conditions, cannot be stretched to provide for the full time care of a fully trained nurse. How and where is this nursing care to be obtained?

The Red Cross, through its admirable Home Nursing Course, has done much to increase intelligence in home care of the sick, and visiting nurses' associations have brought invaluable hourly nursing, at prices adapted to the means of the patient, within the reach of all classes, but the problem is by no means solved. There is in

every community a vast number of citizens living on salaries of from twelve to twenty-four hundred dollars per annum, and the ominous factor of sickness enters as a certainty into their lives. A resident caretaker of the sick, call her nurse or attendant as you like, is a necessity. Hospital care is limited, always insufficient for universal needs. There are times when it is neither possible nor desirable to remove the sick mother from her home. There are sensitive patients who find the lack of privacy in hospital wards unbearable, and the price charged for private rooms prohibitive. There are, too, those who crave the blessing of sharing last hours of earthly intercourse among dear familiar scenes.

Is it not reasonable to provide for these legitimate needs? Where does the responsibility fall? To some the answer is evident. On the profession of nursing, not as a step to advance the standard of individual nurses, but as an altruistic measure to bring the fruits of the profession within the reach of the people.

The following plan is offered as one solution, "Supervised Nursing," which has been tried out in various places with more or less success, but which in this particular form lacks the valuable background of experience; it is offered merely as theory, with the hope that it may provoke discussion with valuable suggestions.

The plan requires a visiting nurses' association of at least eight or ten graduate nurses in sympathy with Supervised Home Nursing, and also a highly trained public health nurse filled with wisdom and understanding, who will be the head of a Department of Supervised Nursing. A course of one year's training to be offered to young women of suitable age, health, character and education sufficient to pass the examinations now required by the Red Cross Home Nursing Classes.

The course to be divided into four terms, probation, junior, intermediate, and senior. Pupils would be obliged to pay $100.00 on admission, $50.00 to cover expenses of probation and to be forfeited if pupil failed to be accepted, and $50.00 to be retained for possible incidental expenses for sickness, etc., the entire amount possibly to be returned to the pupil on satisfactory completion of course.

1. Probation—Two months. Pupils to live at home, but to receive mid-day meal. Sixteen lessons in home nursing with examination. Course in practical dietetics, including sick room cookery and the preparation of economical home menus for moderate means.

Four hours daily required for class work and study. Twenty hours weekly assisting at first aid or baby clinics in charge of nurses. Instruction in the making of surgical dressings used in visiting nursing.

2—Junior Term—Two months. Pupil to receive $20,00, will live at home, on duty forty-four hours weekly in accompanying nurses on sick calls, will receive instruction from nurses in practical demonstration of theory already taught.

3. Intermediate Term—Four months. $80.00 pay. Pupils will be sent into homes for resident service, will work under supervision of daily visits from nurses. Will be furnished lodging and board while waiting between cases, and will be available for any service required by supervisor. This should allow a price of $12.00 to be paid by patient to association.

4. Senior Term.—Four months. $100.00 pay, conditions same as for intermediate, except that visits from supervising nurses could be decreased, and price charged to patient increased to $15.00 per week.

On completion of course a certificate could be offered; the nurse's aid then could be, to great advantage, licensed by proper authority. Also such schools could be registered and submitted to rigid supervision.

The duties of supervisor or head, would be the selection of pupils, theoretical instruction, placing of pupils on cases, preserving a proper balance between pupils and nurses, and the general discipline and management involved.

Experience only would prove if such a department could be self-supporting, as it should be; with a sufficient number, it seems possible that it might.

A plan such as outlined, would keep the entire control of the education of these young women and their future status (as far as this could be possible) in the hands of the professional nurses, where it belongs. It would also, if wisely carried out, be a distinct contribution, of the greatest value, from the nursing profession to the public of moderate means.

THE ATTENDANT AS AN ASSISTANT TO PUBLIC HEALTH NURSES

BY FLORENCE M. CALDWELL

Director, Visiting Nurse Association, Springfield, Mass.

We consider the three essential qualities of a good Public Health Nurse to be personality, tact and common sense. Is it not true that there are many women who possess these same essential characteristics, but have no training as a nurse? Why then is not the woman with the personality that commands love and confidence, with the tact that enables her to deal with people in all stages of development, and with the common sense that makes her realize the limitations of her education along nursing and medical lines, the woman to select for an attendant? Give this woman the Red Cross course in Home Nursing and she might well be intrusted with certain duties which would be of much help to the Public Health Nurse.

The experience of the Springfield Visiting Nurse Association in the influenza epidemic would prove the value of attendants in the following ways:

1. As nurse's assistant, to visit with her, assisting in bathing, bed-making, and occasionally giving enemas under her supervision.

2. Following nurse into influenza homes and giving general care to convalescents and putting things in order after nurse had left.

3. Bathing chronic patients with only occasional supervision. Attendants seem especially acceptable in this as they have more time than the busy nurse, and can lend a more apparently sympathetic ear to the trials of shut-ins. They are a splendid solution to the question of invalid occupation.

We also during the influenza epidemic placed attendants in homes for all-day or all-night duty where they were able undoubtedly to save many a life by relieving the mental anguish, by giving medicine regularly, and by keeping the patients in bed who otherwise would have to get up and wait upon themselves.

It is true that a little knowledge is a dangerous thing, and where is it more dangerous than in the care of the sick when one must take a certain amount of responsibility anyway? In accepting the attendant we must remember that she is not a professional nurse, and that she should have supervision and constant advice regarding the limitations of her part of the nursing program.

AN ENGLISH EFFORT TOWARDS UNITY

BY M. JOSEPHINE SMITH

At the present time there is much confusion in people's minds in regard to the various health problems which are under general discussion, and the several bills for the health protection of different sections of the population which have recently been presented to Congress. It is generally felt that there should be a coördination of actvities having regard to the promotion of public health, which would help to clear away some of this confusion and bring about that concentration and unity of action through which alone the highest efficiency can be attained.

In order to effect such concentration and unity, however, many conflicting claims have to be considered and many difficult problems solved; and only the most thorough, earnest and clear-minded inquiry, coupled with the determination to lay aside all claims of rivalry and self-interest and to consider only the greatest good of the cause of health as a *whole,* rather than the individual claims of the various special sections of the health field, will enable us to accomplish that good which we all have so earnestly at heart.

The conviction of the necessity for coördinated effort and central government in health matters is not confined to our own country; the same causes have been operating to bring about the same results in other countries also. England was aroused, even as we were, over the findings of the draft boards in regard to the physical unfitness of a large proportion of the population; France is intensely alive to the necessity of safeguarding the lives and health of her children, and of combating the scourge of tuberculosis; the terrible mortality exacted by the influenza epidemic has roused many countries to a fuller appreciation of the value of human life and the necessity of protecting their populations from the ravages of disease, which, through one epidemic alone, could prove as deadly as the most terrible war that has ever scourged the earth.

Since, in the final analysis, the problem of how to protect the health of the people is one and the same in all countries, it is surely worth while to study any efforts made by other nations towards the solution of those difficulties which confront them in much the same way that they confront us.

England, as our readers doubtless know, has for some time past been striving to bring about some form of unity of control in regard to matters affecting public health, and there is now before Parliament a bill to provide for the creation of a Ministry of Health,

which would have jurisdiction in those matters primarily concerning the health of the nation. There were many difficulties to be overcome before a bill to create such a ministry could be formulated and presented; and the bill now before the House of Commons represents, probably, only the beginning of the department, which will necessarily have to be modified and enlarged to meet practical requirements as they arise.

The question of unity of control in any department of government is always a very difficult one, because it is unavoidably complicated by various interests often crossing each other and the prior rights and duties of which it is no easy task to decide; indeed, they can only be decided after there has first been worked out a clear definition of the principles which fundamentally affect the questions at issue.

In July, 1917, there was appointed in England as a sub-committee of the Reconstruction Committee (and later confirmed in its appointment on the establishment of a Ministry of Reconstructon) what was known as the Machinery of Government Committee. The terms of reference and procedure of this committee were "To inquire into the responsibilities of the various departments of the central executive government and to advise in what manner the exercise and distributon by the government of its functions should be improved." This committee recently issued its report, and certain of its findings and statements in regard to principles are well worth consideration and may, perhaps, help us to clarify our own minds respecting some of the problems in which we find ourselves involved.

At the outset of its report the committee made the following statement in regard to the principle upon which the functions of Departments of Government should be determined; and upon this fundamental statement their further findings and recommendations are largely based:

> There appear to be only two alternatives, which may be briefly described as distribution according to the persons or classes to be dealt with, and distribution according to the services to be performed. Under the former method each minister who presides over a department would be responsible to Parliament for those activities of the government which affect the sectional interests of particular classes of persons, and there might be, for example, a Ministry for Paupers, a Ministry for Children, a Ministry for Insured Persons, or a Ministry for the Unemployed. Now the inevitable outcome of this method of organization is a tendency to Lilliputian administration. It is impossible that the specialized service which each department has to render to the community can be of as high a standard when its work is at the same time limited

to a particular class of persons and extended to every variety of provision for them, as when the department concentrates itself on the provision of one particular service only, by whomsoever required, and looks beyond the interests of comparatively small classes.

The other method, and the one which we recommend for adoption, is that of defining the field of activity in the case of each department according to the particular service which it renders to the community as a whole. Thus a Ministry of Education would be concerned predominantly with the provision of education wherever, and by whomsoever needed. Such a ministry would have to do with persons in so far only as they were to be educated, and not with particular classes of persons defined on other principles."

It is then pointed out that this principle must not be applied with too much rigidity, since a certain amount of incidental overlapping is inevitable—as between the work of the Education Department and the sphere of health, but difficulties of this character may be met by a systematic method of collaboration between departments mutually interested in a particular type of service. The necessity for this qualification does not alter the general fact that distribution according to the service to be rendered to the community as a whole is the principle which is likely to lead to the minimum amount of confusion and overlapping. Acting upon this principle, a separate Department of Government would be responsible for such services as Health, Education, Finance, Research, Foreign Affairs, Defence. Such distribution would encourage the fullest development of specialized capacity and acquisition of knowledge by those engaged in the various departments, because the officers of such departments would be continually engaged in the study of questions all of which related to one single service, and every effort would be definitely concentrated upon the development and improvement of that service.

Considerable stress is placed throughout the report upon the importance of appointing Advisory Committees, through which may be made available the knowledge and experience of all those affected by the activities of a department. Such Advisory Committees have already proved their value in existing departments. In the Department of Education, for example, two important advisory bodies have been established, to which the board resorts for counsel and assistance, namely, (a) The Consultative Committee, consisting of not less than two-thirds of persons qualified to represent the views of universities and similar bodies; and (b) the Teachers' Registration Council, a body so composed "as to be representative of the teaching profession." The statutory duty of the latter is to form and keep a register of teachers; but the council has had before

it from the outset "the larger and more general conception of the unification of the teaching profession;" and the board has at various times invited this council to consider and report upon matters of importance in relation to general educational problems.

A special section of the report is devoted to the service of Health, which "includes all those activities of the central government which are directed to maintaining or improving the physical well-being of the population at large, or of any particular section of the community." These activities at present rest in the hands of a number of separate departments, each exercising jurisdiction over a portion of the province of health. The committee are satisfied that there should be a "further concentration of health services under a Minister of Health, who should be charged with the general surveillance of all matters relating to health of which the government from time to time takes cognizance." The report then proceeds to indicate the main services which call for consideration and the extent to which they should be concentrated under a Ministry of Health.

(1) The Local Government Board at present administers the health service in so far as it is concerned with (a) the conditions of environment that affect the health of the individual, its powers in this capacity being exercised in regard to such matters as water supply, drainage, sanitation, maintenance of the purity of food and drugs, etc. (b) the conservation of health, or the prevention of disease in the individual; in which capacity it is concerned with maternity and infant welfare, tuberculosis and venereal disease, vaccination and the provision of hospitals by public authorities.

It is the recommendation of the committee that a Minister of Health should exercise all the present functions of the Local Government Board in so far as they relate to the health of the people; since "the powers which primarily affect the environment of the individual cannot logically be separated from those which affect the individual as such, and they should clearly be kept together as parts of the same service."

(2) The National Health Insurance Organization is the second department concerned on a large scale with health services. The services comprised under this department cover the supervision of the administration of medical and sanatorium benefits, and of cash benefits, in the form of sickness, disablement and maternity benefits. Immediately preceding the war there were, in England and Wales, about eleven and a half millions of insured persons; the treatment given to insured persons in January, 1917, was being

provided by over 16,000 doctors under agreement as insurance doctors, and over 10,000 chemists were supplying drugs, medicines and appliances when ordered as part of the treatment. The committee recommend that the whole powers of the English and Welsh Insurance Commissions should be transferred to the Ministry of Health on its establishment.

(3) We come then to the distribution of health activities as between the Board of Education and the Health Ministry. As at present organized, there is a division of duties in regard to maternity and child welfare work between the Board of Education and the Local Government Board; but on the establishment of a Ministry of Health it is recognized that there would be no reason to continue this division, since the ministry would naturally absorb the powers of the Board of Education with respect to maternal health and the health of children under school age. The work of the Board of Education in regard to the supervision of medical inspection and treatment of children and young persons is also recognized as proper for transfer to the Ministry of Health at an appropriate time, and in this regard the committee quote a statement made by the president of the Board of Education during the proceedings on the Education Bill, as follows:

"Assuming that a Ministry of Health is established hereafter, I think that that ministry will in due course of time take over or supervise the medical functions now entrusted to the School Medical Service."

It is pointed out, however, that the encouragement of progress and development of medical education by means of grants to universities and medical schools belongs properly to the Department of Education, rather than to the service of Health.

(4) "The functions of the Privy Council under the Midwives' Act, 1902, which include the approval of the rules of the Central Midwives' Board governing the qualifications and conduct of midwives, are clearly proper to a Ministry of Health as the department to be entrusted with the general supervision of measures conducing to the well-being of mothers and children."

While believing that a ministry charged with the general superintendence of matters relating to health should include from the outset the majority of the services recommended for transfer, and should take over the remainder as promptly as possible, the committee did not find it possible to attempt to make specific recommendations in regard to the urgency of transfer for particular services.

In concluding the Chapter on Health, the committee urge "that the constitution of the Ministry of Health should include definite provision for the appointment of advisory bodies so constituted as to enable the minister to make frequent reference to them for the purpose of obtaining advice and assistance on matters relating to the health of the people, and themselves entitled to submit representations to him on any such matters which may not have been made the subject of a reference. Among the matters proper for consideration by these bodies," the report continues, "we wish particularly to refer to questions in regard to the action proposed to be taken by the ministry for the proper supervision and development of midwifery services, and in relation to such cognate services as nursing and health visiting. In such questions it is obvious that the knowledge and experience of women will be of special value and we are of opinion that this fact should be recognized not only in the composition of the advisory bodies themselves, but in the formation of the staff (both professional and administrative) of the department, since it is upon the cordial coöperation of his staff with the advisory bodies that the minister will in large measure depend for the general acceptance of the policy in such matters as those which he proposes to adopt."

On February 17th, Dr. Christopher Addison, President of the Local Government Board, introduced in the House of Commons "a bill to establish a Ministry of Health."

It is interesting to note how far the provisions of this bill follow the lines indicated in the Report of the Machinery of Government Committee, as shown by the following summary.*

Establishment of Minister

Clause 1. For the purpose of promoting the health of the people throughout England and Wales, and for the purpose of the exercise of the powers transferred or conferred by this Act, it shall be lawful for His Majesty to appoint a Minister of Health (hereinafter called "the Minister), who shall hold office during His Majesty's pleasure.

General Powers and Duties of Minister in Relation to Health

Clause 2. It shall be the duty of the Minister to take all such steps as may be desirable to secure the effective carrying out and coördination of measures conducive to the health of the people, including measures for the prevention and cure of diseases, the treatment of physical and mental defects, the collection and preparation of information or statistics relating thereto, and the training of persons engaged in health services.

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*This summary was published in *The British Journal of Nursing*, March 8, 1919.

Transfer of Powers and Duties to and from Minister

Clause 3. (1) There shall be transferred to the Minister—

(a) All the powers and duties of the Local Government Board.

(b) All the powers and duties of the Insurance Commissioners and the Welsh Insurance Commissioners.

(c) All the powers of the Board of Education with respect to attending to the health of expectant mothers and nursing mothers, and of children who have not attained the age of five years and are not in attendance at schools recognized by the Board of Education.

(d) All the powers of the Privy Council and of the Lord President of the Council under the Midwives Acts, 1902 and 1918.

(e) Such powers of supervising the administration of Part I of the Children Act, 1908 (which relates to infant life protection), as have heretofore been exercised by the Secretary of State.

(Here follow clauses amplifying, and explanatory, of the above provisions.)

Clause 4. (1) It shall be lawful for His Majesty by Order in Council to establish consultative councils for giving, in accordance with the provisions of the Order, advice and assistance in connection with such matters affecting or incidental to the health of the people as may be referred to in such Order.

(2) Every such council shall include persons of both sexes, and shall consist of persons having practical experience of the matters referred to the council.

There are various other clauses included in the bill, but these are the provisions of special interest to nurses and in relation to our present subject.

On February 26th the second reading of the bill was moved, and a very interesting debate ensued, in the course of which Dr. Addison dwelt on the great national need caused by losses in the war amounting to about 700,000 of the finest of the race, and the mortality from influenza which, during the months of October, November and December, 1918, reached a monthly average as high as the average monthly mortality during the war from causes connected with the war.

A point of especial interest in regard to the responsibility for the health protection of children of school age was brought out in the committee stage of the bill. As will be seen from the summary given above, the care of children under school age is placed under the Ministry of Health, but the Board of Education still remains responsible for the health of children from 5 to 16. In committee a motion was made that "the medical inspection and treatment of children and young persons" should be transferred to the Ministry of Health, in the same way that the care of expectant mothers and children of pre-school age is to be transferred, in order to insure

continuity of medical control by one department. The committee was strongly in favor of this amendment, and the parliamentary Secretary to the Local Government Board, after consultation with the president of the Board of Education, promised to recommend that the transfer should be carried out in the report stage; the amendment was therefore withdrawn.

That a spirit of real coöperation exists between leaders in the field of public health in England today is evidenced by the announcement recently made that Dr. Addison has appointed Sir George Newman to be Principal Medical Officer of the Local Government Board. Sir George Newman will for the present retain his position as Chief Medical Officer of the Board of Education; and the arrangement whereby he undertakes for the present the duties of chief medical officer in both departments "indicates a step towards the coördination of the public medical services, which will be one of the principal objects of the Ministry of Health."

Although our problems may differ in many points of detail and actual practice from those of England, yet in the broad general sense they are one and the same. Surely, therefore, we can afford carefully to study what may seem to be not, perhaps, as yet, England's solution for some of these problems—but her attitude towards them and the conscientious efforts which she is making to bring the solution within sight; for the struggle with disease is an international struggle, and "we shall fight our battle with hands greatly strengthened if we fight it as members of a world-wide community."

SOME ACCOMPLISHMENTS OF CHILDREN'S YEAR

Everyone who is interested in children has heard of Children's Year, and knows that April 6th marks its official close. It was inaugurated one year ago on that date by the Children's Bureau of the U. S. Department of Labor, and the Woman's Committee of the Council of National Defense, as a war measure, and it is well to remember that as a war measure, President Wilson said it was "second only in importance" to measures needed to meet the requirements of combatants. Although the year has an official closing date, the work obviously cannot come to an abrupt end on that date, and much is still in process of accomplishment. The special appropriation fund lasts till July 1, 1919, and a part of this sum will be used to finance a working conference in this country, with child welfare experts from England, France, Italy, and other allied countries, to consider "irreducible minimum standards for the health

education, and work of the American child." This conference is to be followed by a series of regional conferences to be held at the invitation of various cities in which tentative standards of child welfare will be discussed and criticized in the light of local needs, and in which our foreign guests will describe the protection of children under war conditions abroad.

In casting up accounts for the past year we shall find that the great elemental lesson that really has been learned, is that child welfare is not only a war measure, but a peace measure. America seems at last awake to the importance of taking care of its children, not just from April 6, 1918 to April 6, 1919, but from now on forever, until this country is a safe place to be born in and to live in.

How was this highly important year organized and carried on, and what results were accomplished other than the one already mentioned?

The Federal Children's Bureau furnished the program for the year. The work proposed was grouped under five topics: 1. Public protection of mothers, infants, and young children; 2. Home care and income; 3. Child labor and education; 4. Recreation; 5. Children in need of special care. A series of leaflets was issued, and distributed in great numbers, as were also dodgers, posters, and other material.

This program was undertaken and executed by Child Welfare Departments, created by the various State Divisions of the Woman's Committee of the U. S. Council of National Defense. Under the State Departments of Child Welfare the field work of "Children's Year" was ably handled by county and local Child Welfare Committees.

About 17,000 local or community committees did the actual work, and too much cannot be said of the devotion of many doctors, nurses, school officials, and other representatives of social work who gave their services freely and unstintingly.

The first activity of Children's Year was the weighing and measuring of babies throughout the country. In children's health centers, in schools, in clubrooms, traveling clinics, babies and children under 6 were weighed and measured. A record card was furnished for each child. The bureau modestly planned an issue of 100,000 of these cards, but there was such a demand for them that nearly 7,000,000 were distributed.

The weighing and measuring tests aroused great interest especially when they were made possible in rural districts by "Baby Specials." Connecticut fitted up a motor delivery truck to carry

equipment for weighing and measuring tests into the country districts. The tests were carried on in any available building to which the parents could bring their children.

Cleveland, Ohio, had a standard army ambulance truck which, with side tent in position, afforded a three-room clinic for mothers and babies.

An interurban car called the "Children's Year Special" was provided in Michigan. This car touched every community traversed by the interurban lines in Michigan. It was fitted up into three compartments, a dressing room, a room for the weighing and measuring, and one devoted to an exhibit on child welfare.

The weighing and measuring tests served to start community interest in child welfare, or to stimulate that which already existed. It is not a surprising result that the appointment of public health nurses and the establishment of health centers should have been more widely undertaken. Some states already boasted of these necessities and merely added to their list. The Woman's Committee has received reports from 24 states that new public health nurses have been appointed. Fourteen states do not specify how many, but the remaining ten report a total of 137 new nurses among them, Minnesota taking the lead with 33.

Fifteen states report to the Woman's Committee a total of 134 new health centers, Massachusetts this time in the lead with 30, and Louisiana a close second with 29. Nine other states report the establishment of new health centers during Children's Year, but do not specify how many.

This year the legislatures of most of the states are in session, and in many of these states there is a good deal of interest in child welfare, which is likely to result in legislation for the benefit of children. Reports have come to the Children's Bureau from 19 states that their legislatures will be asked to appoint child welfare commissions or pass some kind of child welfare legislation. In four other states there is some movement for a child welfare commission, but the present status is not known.

Of course, it is not always fair to say that this legislation is the outcome of efforts made before last April. But equally without doubt active interest in child welfare was greatly stimulated by the Children's Year program which fortunately coincided with a year when most of the state legislatures were in session.

The legislation under way includes provision for children's code or welfare commissions, child hygiene divisions, vital statistics, mothers' pensions, public health nurses and school nurses, medical inspection in schools, compulsory school attendance, continuation schools and prevention of child labor.

The "Recreation Drive," the second campaign of the year, stirred up and renewed interest in playgrounds. Sixteen states thus far have reported to the Woman's Committee that new playgrounds were established. Dallas, Texas, and Lewiston, Idaho, are in the lead of the cities with twelve each, according to the reports. Minneapolis carried on active work all winter. It held periodic carnivals and daily picnics in public parks, where milk and crackers were given to the children, and carfare furnished them for transportation. In the cold weather, hot milk was served. Minneapolis reaped dividends in healthy children. The chairman reported that not one of the youngsters who regularly attended these outdoor picnics had the "flu," although they came from districts where the danger of contagion was considered great. Patriotic Play Weeks were celebrated in hundreds of communities throughout the country and all reports indicate a lively sense throughout the country of the need for play in the child's life.

The stampede from school into work during 1918 was extremely disquieting. It is not remarkable, therefore, that the Children's Bureau made a strong Back-to-School Drive the outstanding feature of the close of the year—indeed, not only a Back-to-School, but a Stay-in-School Drive. Forty-three states, the District of Columbia, and New York City, have carried on or are still actively engaged in Back-to-School drives. Scholarships have been established to give the children of really needy parents a fair chance. They have been established in a number of cities and have so far proven of undoubted value. These funds have been inaugurated by Child Welfare Committees and it was their modest hope that they might provide a scholarship for at least one child for each of the 281,000 school-houses in the country. One of the latest reports is from Buffalo, New York, where the Child Welfare Chairman says they are planning a city-wide campaign for scholarships and they aim at 100 scholarships before school closes.

A noteworthy item came into the Woman's Committee from Connecticut. In their preliminary report on the Back-to-School Drive in January of this year they say "20 of the smaller towns, where there is a district school only and no factory or tobacco farm

industry, have reported as not needing the drive." Those 20 towns were urged to help the superintendent of schools put over in other localities the idea "It pays to stay in school."

Now that the year officially is over, a number of states are planning to continue the work into another year—in short, to make Children's Year a perennial instead of a century plant. One of the most interesting endeavors is being made in New Jersey. In February, about two months before the official close of Children's Year, a state conference on Child Welfare was held in Trenton. The State and county chairmen of the Child Welfare Department met the heads of twelve various state organizations interested in child welfare. All present agreed that the child welfare organization had answered a definite need and ought to be continued. The plan discussed was that of having an advisory committee composed from representatives of all organizations and an executive committee composed of the state child welfare chairman, county child welfare chairman, and heads of member organizations. There is a division of child hygiene in the state which is working to get the state legislature to appropriate $160,000 for placing 100 state baby welfare nurses in the field.

This activity is indicative of the change in our civic conscience and pride in our standards. We can no longer be blind to the nationally disastrous effects of a high maternal and infant mortality rate which is unnecessary under modern scientific knowledge and American resources, of child labor, and the corresponding evil, inadequate schooling. Nor are we longer content to have the United States rank low in the list of countries which are decreasing their infant and maternal mortality rates, and raising the standards of child protection and education.

NURSES RENEWING BAG SUPPLIES AT DISTRICT OFFICE AT THE NOON HOUR. SMALL, WHITE, WASHABLE BAGS WITH DRAWSTRING AT THE TOP, USED TO CARRY STERILE COTTON AND GAUZE. NOTE NURSE'S APRON. THIS IS MADE OF WHITE SEERSUCKER. IT FOLDS INTO A VERY SMALL ROLL, EASILY CARRIED AT TOP OF THE BAG.

THE NURSE INSTRUCTING MOTHER IN PREPARING FORMULA.

DEVELOPMENT OF CHILD WELFARE WORK IN NEW ORLEANS

The Child Welfare Association of New Orleans followed up a successful weighing and measuring test of April 1918, with a drive for funds to permit a broader scope of child welfare work. The response of the citizens was generous and quick—within a short time $45,000 was raised. This sum, together with the regular subscriptions, made it possible for the association to plan not only to double its work, but to more than triple it. From a staff which at the beginning of the year numbered eight, the association set about to increase to forty nurses by the end of the year. By September, 1918, the number had grown to thirty-three and then the influenza epidemic not only halted the growth of the staff, but resulted in the death of one nurse and the serious illness of others. At present the staff numbers thirty. The association formerly cared only for children under two years of age, but now has increased its scope to include all children under six years of age and in a short time, plans to give prenatal and postnatal care to mothers. As yet only the most congested districts have nurses, but as soon as the staff can be developed the entire city will be covered.

Because of the sudden increase in the size of the staff and the responsibilities assumed, it was decided to completely reorganize the plan and method of work. At the request of the New Orleans Child Welfare Association and the National Organization for Public Health Nursing, and because the Federal Children's Bureau recognized the typical character of the work to be done, Miss Janet M. Geister of the Bureau was detailed to make a current study of the reorganization. Before going to the Children's Bureau, Miss Geister served as a supervisor on the staff of the Visiting Nurse Association of Chicago.

Miss Mary L. Railey continues as executive secretary of the association, and Mrs. Mary G. Bentley, formerly superintendent of Presbyterian Hospital of New Orleans, has been appointed general supervisor of nurses. Positions have been created for two assistant supervisors, but these have not yet been filled.

During November of 1918, a study was made of the needs of the work. On January 1, 1919, some important features of the new plan were put into effect. Probably one of the most difficult problems encountered in a sudden doubling or tripling of a staff of nurses is that of developing team-work; an esprit de corp. On the large, well-established staff the team spirit is caught by the new nurse, who is quickly assimilated into the group. In New Orleans,

however, where the new nurses greatly outnumbered the existing staff this was impossible and therefore this problem needed careful consideration. This need was met by having the nurses meet together as often as possible, not only that they might get better acquainted with each other, but that through their close contact with the supervisors and the main office, every one would come to realize that their common aim was the best possible service to the community.

Four district offices were established at strategic points in the city. The field nurses report every noon at the office that is nearest their districts. These offices are equipped with telephones, mail boxes where all messages relative to the districts are placed, bulletin boards and supply closets. The nurses do their clerical work in the office during the noon hour, receive new calls, and confer with the supervisors. Once a week, from 12:30 P. M. to 1:30 P. M. a round table discussion is held at each district office. The nurses are encouraged to bring their problems to these meetings and to invite discussions of them. They are unanimous in the opinion that nothing brings them closer together in their common conception of their task than these noon meetings in the district offices. Their response to the newer responsibilities has been gratifying to the officers of the association, and the nurses are quick to admit that this response has come out of knowing each other and each other's problems better. Once a week lectures and demonstrations are given to the whole group of nurses by local physicians and social workers.

Because a large number of the cases that are being carried by the association are observation cases, those that will be carried over a long period of time, a day book that made necessary the monthly transfer of all the patients was considered impracticable. Therefore a loose leaf day book that serves for a three-months period was installed, and to date this has been found both practical and useful. Among other things, the new bag equipment includes washable linings, simple modification outfits, seersucker aprons that fold into the size of a table napkin, small white bags to carry sterile cotton and gauze, (these bags are washable and have a drawstring at the top) and the usual complement of nickel topped bottles, applicators, tongue depressors, enema tubes, etc. Careful attention has been given to keep the bags as light as possible, at the same time equipping them completely enough to guard against any embarrassment in the field.

The conference hours at the twenty-one stations have been overcrowded and more patients have come than the doctor could

attend to; therefore "weighing days" have been inaugurated. Dr. Kinberger, a child specialist, is the paid physician of the association and since last October has given his full time to the Child Welfare conferences. Children who have been examined by Dr. Kinberger and who have no serious defects, but who should remain under observation, are urged to attend the "weighing" days at the stations. These days differ from the conference days in that the nurse instead of the physician examines the children. She weighs them, carefully observes the general conditions and refers them back to the physician, periodically or when his services are indicated. This measure, introduced to relieve the congestion of the conference hour, has just been put into effect and its success cannot yet be determined.

Care to mothers, before and after confinement, has been held up pending the appointment of a paid physician who will have charge of this service. In order to make it possible to serve the patients with a minimum loss of time and to save them unnecessary suffering and discomfort, a set of standing orders has been prepared and presented to the Orleans Parish Medical Society with the request that they be corrected and endorsed. The matter is at present receiving the consideration of the committee appointed by the society. The establishment of these orders will not only bring about close coöperation between physicians and nurses, but will result in the best possible service being rendered to the patient. As soon as the orders are approved by the Medical Society, they are to be printed in pamphlet form and copies will be mailed to all physicians practicing in New Orleans.

As the work develops, newer needs are insistently manifesting themselves. It is sometimes difficult to recognize which claim is the most pressing and equally difficult to restrain the desire to accept them all at once. The officers of the association realize, however, that not only the present, but the future success depends on the concentration of effort on the quality of work. There is ever before them the temptation for rapid expanding of the field at the expense of the rising standard of work, but the officers are firm in their determination to build soundly the foundation that will affect so vitally the health of the children of New Orleans. The splendid interest of the citizens of that city together with the sincere spirit of service that dominates the efforts of the directors, the executives and the nursing staff of the association, give excellent promise to the cause of child welfare, not only in New Orleans, but throughout the entire community.

THE UNIVERSITY PUBLIC HEALTH NURSING DISTRICT IN CLEVELAND

BY MARY DUNNING THWING

Chairman of Advisory Committee, Course for Public Health Nurses, Western Reserve University, Cleveland

The pioneers in public health nursing had to meet situations of which they had no adequate forewarning, to do work for which they had no training. Experience was their only guide in the new fields into which they were going. However valuable it may become eventually, experience is a slow and costly teacher.

Out of the experience of the pioneers have grown many attempts in different parts of the country to train nurses for public health work. Training of the apprentice type has been quite general—and quite generally unsatisfactory. A brief lecture course, followed by a little observation in the field, has also failed as a method of preparing the public health nurse for her manifold duties. The specialists in the various branches of public health work have tried to train their recruits to become expert in their one branch, only to find that the lack of an underlying social knowledge makes their expert knowledge fall like a house without a foundation. We have learned at length that we must regard our public health field as a laboratory. Into it the public health student should go, not merely as an observer, nor yet as an apprentice to an older nurse who may be a very good nurse indeed, but who has neither time nor ability to act as a teacher. She must go as a student. She must handle her cases herself, but under the direction and instruction of a supervisor who is a nurse, but also a teacher. The teaching must be the paramount issue if the student is to accomplish that for which she is working. The laboratory instruction must be accompanied and supplemented by theoretical instruction, and the different branches of public health work must be shown in their relationship to the whole social fabric of life.

In order to offer this type of instruction the public health organizations of Cleveland have, for the past three years, been co-operating with the School of Applied Social Sciences of Western Reserve University in the establishment of what is known as the University Public Health Nursing District. The result has shown not only the value of this type of training, but also the value to the organizations themselves of such a piece of co-operative work.

As there is demand for several types of public health nurses, a variety of courses is offered, but each course is intended to give, to some extent, a comprehension of the whole field in which the

nurse may work. To nurses who wish to prepare themselves for positions of executive and supervisory responsibility in the public health field, Western Reserve University offers a one-year course. One semester of the year is given to lectures, required reading, and class work in the School of Applied Social Sciences, while the other semester is occupied with field work, practice training and case discussion in the University District. To nurses who are unable to devote consecutive time for an academic year to this course, the opportunity is offered to take the four months of field practice in the University District, supplemented by case discussion and lectures. Nurses who follow this plan may, later, take the semester of theoretical work given at the University, thus eventually covering the same ground as those who enter for the year's course. Either the four-month plan or a two-month period which is designed to cover the same ground in an abbreviated way, is open to the pupil nurses in a number of the Cleveland hospitals. And finally, two months of supervised field experience with case discussion and instruction is given for nurses who wish to secure positions on the public health staffs in Cleveland, but who have had no experience or training in public health work. While these different groups of students have, to a certain extent, the same sort of field work, there is, of course, a great deal of difference in the degree of ability and understanding which they attain. The university students, after a term of lectures and class room work in practical sociology, the problems of American society, foods and dietetics, municipal health work, public health nursing and case work with families, are prepared to go into their field-laboratory with a broad understanding of the social problems involved, and to undertake far more responsible work than can the nurses who are going immediately into a period of two or four months of field work supplemented by general lectures on social problems and public health nursing. Again, the hospital pupils, coming to the district as they do before finishing their regular nurses' training, must be watched in their nursing technique as well as instructed in the more essentially social side of the work. These hospital pupils, however, form an important and hopeful section of the body of students. A number of the hospitals of Cleveland, wishing to offer an elective course in public health in their training schools, have asked the University District to give it for them. The pupils who take it not only acquire some knowledge of public health work before graduation, they also carry back to the remainder of their hospital course a knowledge of the environment of their patients which shows them their work in quite a different

aspect. Moreover many of them become so interested through this brief glimpse of the public health field, that after graduation they come back with a desire to specialize in it. In the dark days of the war when all the public health agencies were drained to provide graduate nurses for Europe, these hospital pupils were the chief group of students in the University District.

The area chosen for the training district covers about one and one-third square miles, and has an estimated population of 53,000. It is in a section of the city which offers a variety of problems for study and treatment. It houses people of several different nationalities and of varying degrees of prosperity or lack thereof. The district has been subdivided into five divisions, each in charge of a supervisor. The supervisor makes a rather intensive study of her own division, knows the families therein as well as possible, and picks out from among them the kind of cases which she wishes each student to handle. The students spend a portion of their time in the public schools, the Babies' Dispensary clinic for sick babies, a Division of Health Prophylactic Dispensary for well babies, a Maternity Welfare clinic, and a Tuberculosis Dispensary, as well as in the general district work. Opportunities are also open to them for instruction in industrial and rural nursing, and hospital social service work. While Western Reserve University, the Anti-Tuberculosis League, the Visiting Nurse Association, the City Division of Health, the Babies' Dispensary and Hospital, the Associated Charities, and the Department of Medical Inspection of the Board of Education, all coöperate in offering their varied facilities for teaching and demonstration, the financial support of the University District comes from the first three named organizations. The Anti-Tuberculosis League and the Visiting Nurse Association each appropriate for the district the amount which it would cost them to do their own remedial and instructive work in that area, were it not organized into a teaching district. These funds are placed in the hands of an advisory committee on which are represented all the coöperating agencies. They are sufficient to maintain the district station and its staff of supervising nurses and clerical workers.

Of course everyone knows how deeply the war cut into the nursing profession. Supervisors and students, would-be supervisors and would-be students, vanished into the maelstrom of need and still the need was not met. With them vanished many plans which were under discussion for demonstration in the University District. With the coming of peace and the gradual return of nurses from overseas posts, there has come a quickening of interest in public

health. Many nurses who had formerly no thought of going into that particular field have had their interest in it awakened. With the increase in our numbers thus promised, opportunities are opening for trying out many plans which were waylaid. But they will give but a further demonstration of the value of the broad coöperation already established. For where many minds have one object, each seeing it from a different side, by working together they all attain their object, more beautiful and better rounded than any one of them could do alone.

THE SOCIAL BACKGROUND OF THE PUBLIC HEALTH NURSE*

BY CARRIE E. EPPLEY

Superintendent of Nurses, City Hospital, Minneapolis, Minn.

There are so many different personalities and ideas among the human family, and so many different conditions concerning this wonderful family that this subject seems almost an inexhaustible one. I shall not attempt to go into detail in all the different lines, but briefly give you some of my own ideas on the subject.

I have seen it quoted that Public Health Nurses are "People's Nurses." My interpretation of *P. H. N.* is "Perfectly Happy Nurses." If you are not of a happy disposition, try to cultivate one, and my suggestion is to do so at once. I think this might apply to *all* nurses as well as Public Health Nurses.

To be a success in the social field of public health work, we must have health, intelligence, vigor and energy. Be interested in "people"—both sick and well—sufficiently to make the sick well both physically and mentally.

The nurse who is never quite well herself can hardly be expected to cheer a patient when he is telling of *his* aches and pains. Most naturally, if she is not well, you will find instead of boosting him along to a cheerful attitude, she will be comparing her condition with that of the patient in probably a complaining way, and presently as a result you have two people in the dumps instead of one. The atmosphere which this nurse leaves when going away from her patients is not usually either a cheerful or hopeful one.

You must have sufficient intelligence to grasp situations, to see the identical cause that makes your patient so miserable, also see the way by which you may be able to meet this miserable situa-

* Paper read before students of the Public Health Course, University of Minnesota.

tion and conform it into one of less misery. Be wide awake and obtain a keen sense to "develop" if you would be a success along the social lines. It seems to me that to observe an opportunity and to develop it successfully is one of the biggest things a Public Health Nurse can do.

We have many cases we can call to mind who are of rather an unhappy disposition—ordinarily, before being ill. Their illness has not improved this condition and the only cheerful subject they see in life is to discuss their own condition. They have repeated it so often to the doctors and nurses that it seems they must discuss it with all of their friends. It is absloutely necessary that a patient discuss his condition with the doctors and nurses, and it is the nurse's affair to get in touch sufficiently with the patient so that he will also discuss his social condition with her, that she may be able to give the physician an intelligent report, as a knowledge of these conditions may mean a great deal to the physician in treating the case. Here, too, the Public Health Nurse must know in order that she can give the patient aid. But when this history is obtained and the report made, try and induce your patient to see the brighter side of life. Get him interested in something else than his own condition. He may be inclined to see only the dark and gloomy side of life because he is unfortunate and is ill. You must be careful and use tact that you do not lead your patient to think you are making light of his troubles. You may meet this gloomy type in groups. I suggest getting them interested in cheerful subjects that you would think might appeal to them. First gain the confidence of the family or the individual, and then try in a cheerful way to convince them that conditions may not be so bad, as you know absolutely all of the facts. If you have succeeded in convincing a patient, and have won his confidence, I am sure your instructions will be obeyed, and also sure that when you leave him he will be all smiles instead of tears.

Another great asset for a Public Health Nurse is to be able to speak different languages, especially in cities or districts where there are what we call "settlements of nationalities." To be able to tell some poor weary soul something cheery and witty in his own language is a blessing indeed.

There are now institutions which employ a nurse to spend part of her time in the hospital and the balance of her time in the district. She is truly the social worker of that institution. Here the nurse is familiar with the conditions of the institution as they really exist—not as someone has described them. You probably have a chance to greet that patient on entrance to the hospital, and much depends

on your personal attitude as to whether the patient will like the place or otherwise. Then it may be your privilege to visit the other members of the family in the home. There, too, your attitude may be a great solace to the family if you can give them the desired information truthfully, even if not good news, but in a way at least that is tactful, and that carries to the family that the nurse can be relied upon, and, after all, the bad news might have been worse. In an institution, especially in an institution for tuberculosis, it may be that all social functions or entertainment may be the responsibility of the nurse. Do you yourself just *hate* parties or entertainments? Do you *hate* to bother with other people? If you do not have this background for the social side of a Public Health Nurse, the best thing you can do is to first find out what is the trouble with yourself. You must consider anything a pleasure instead of a sacrifice when you can make others happy. If you are in an institution avoid asking the patients if they would like to have a party all of their own, an entertainment or a picture show, or whatever you have planned, and stimulate them by your interest. Anticipate really what you think they might enjoy, and with your untiring effort and the amount of pleasure you seem to derive, I am sure others will follow and success will crown your efforts. People who are sick a long time must be interested and amused as part of their treatment, and the social touch of the nurse will do much in bringing about these results.

Do not allow holidays in an institution to go by without some special notice. If you can't arrange to do some "big thing" as it were, plan a "little thing." Patients will think of what they did a year ago. It's a wonderful time to reminesce, and don't let them leave the institution and say, "on such and such a holiday we had such a gloomy day;" but, instead, may it be said, "we had a wonderful, fine day on such and such a holiday." If possible, teach the patients games. Become interested in their fancy work, likewise the work of a carpenter, etc.

Be sure to plan for the religious services for the patients. See that the Protestants, Catholics and Hebrews all see the minister or priest when they want him. Better still, arrange for him to come before they express a desire.

Above all, give him music, and plenty of it. If the patients are physically able, try and cultivate an independent instead of a dependent spirit among them. There are many who can really give very good parties and intertainments of their own. All they need is just a little encouragement. It is so much better for them if this

can be done. Put them on committees, have them plan programs, games, etc., and the results are always very good. Especially with children is this true. However, are not the majority of us children?

Your community work is another great feature. If in a large city, the social workers will want to know you, know who you are, just how you can be approached, and if you will show any enthusiasm over their work. Naturally, you will want them to be interested in yours. Why not reciprocate? If people are not interested in you or your work, better get busy and find out where *you* are lacking. By all means meet the workers of other organizations, attend meetings, and become active in any way you can.

Going into a small community is so entirely different, and is mighty interesting. In some small settlements the advent of a Public Health Nurse is quite unusual, and her entrance to town an event. You may not be met with a brass band, but they all wonder what you look like, and how you dress, and in general, just what your attitude will be toward *them*. Little Johnny, who has been told by the family physician that just as soon as the "Visiting Nurse" comes, he is to have his tonsils out, is especially anxious to get a peep at the new nurse "when she is not lookin," for as it is, he feels doomed to something awful. If Johnny is met cheerfully, the ordeal of getting acquainted with him will not be very hard, and very soon Johnny will feel he is quite a hero among the other lads, and proud of the fact that he is the first to lose those precious tonsils.

In the rural district the farmer is to be met. Can you talk about the crops and the rain, the pigs and the poultry? If not, when you meet Mr. Farmer, ask him about these things and you will be surprised how interesting he is, and incidentally you will have won the support of the farmer. His wife will be glad to tell you about the garden and the flowers. Some day, probably when your old Ford refuses to crank, your friend the farmer will be a friend in need, as well as a friend indeed.

The school teacher is always a valuable aid. Approach her in the spirit of coöperation. Let her aid *you* by her wonderful experience. Do not make her feel that she knows nothing about the health of her children, for she does, but you are there to suggest the remedies or the prophylactic treatments. In the rural district you may be called upon to do anything from a new recipe for making pickles to making a pair of trousers for Jimmy. Or you may be asked to lead the village choir. Always be willing. If you can't meet the occasion by your own knowledge, promise to get someone who can.

Ask the different clubs, Ladies Aids, Red Cross Organizations, etc., if you may meet with them and talk to them about public health matters, that they may be able to give you their support and coöperation in the education relating to public health measures.

So much depends on the approach of a nurse. If she has an unsympathetic, unsmiling expression, and added to this is a woman of very few words, she cannot expect much response from the patient, and the patient will derive but little benefit. If she is the reverse, she will have exactly the results a good nurse would wish to have.

The social activities of a Public Health Nurse are unlimited, and as a backing she must either possess or develop an even, cheerful disposition, with an ever-helping attitude for the sick and helpless. Greet and meet people, if sick, *more* than half way. Do everything you can, and then some more, cheerfully, willingly, and with a smile, and may you be one of the "lifters," as quoted by Ella Wheeler Wilcox.

WHAT ARE YOU?

There are two kinds of people on earth today,
Just two kinds of people, no more, I say.
Not the sinner and saint, for 'tis well understood
The good are half bad, and the bad are half good.

Not the rich and the poor, for to count a man's wealth
You must first know the state of his conscience and health.
Not the humble and proud, for in life's little span
Who puts on vain airs is not counted a man.

Not the happy and sad, for the swift flying years
Bring each man his laughter and each man his tears.
No; the two kinds of people on earth I mean
Are the people who lift and the people who lean.

Wherever you go, you will find the world's masses
Are always divided in just these two classes,
And oddly enough, you will find, too, I wean
There is only one lifter to twenty who lean.

In which class are you? Are you easing the load
Of overtaxed lifters who toil down the road?
Or are you a leaner, who lets others bear
Your portion of labor and worry and care?

—*Ella Wheeler Wilcox.*

A CITY IN THE MAKING

BY SARA E. BARKLEY

Formerly Nurse in Charge Civic Centre Dispensary, Nitro, W. Va.

Before the spring of 1918 the word *nitro* meant little to me save as a prefix to a chemical term or the colloquial name for a high explosive. Nitro now spells wonders to me, for in those letters I visualize a city in the making, see street after street of houses springing up where nothing stood before, and glimpse enormous blocks of factories being reared by thousands of toiling workmen. This is so, because I was privileged to witness the building of the city of Nitro, in West Virginia, one of the most important of the government projects made necessary because of the war.

Think of the busiest industrial activity you ever saw, then multiply it a few hundred times and you may faintly grasp Nitro as it was in May, 1918. Just as early efforts to build a Panama Canal failed for lack of proper sanitation and the attempt of the United States government was highly successful because of the efficient handling of sanitary problems, so the building of Nitro was possible because sanitation was a first consideration.

To my mind the government sanitary experts, in charge of Capt. J. A. Watkins, along with the Public Health Nursing Service and the public health nurses merit a high degree of praise for the work done in building Nitro.

Two years ago the site of Nitro was swampy pasture land, actually sixteen miles north of Charleston, W. Va., but figuratively sixteen miles from nowhere, because a more unattractive place could scarcely be imagined. When I was ordered to Nitro for public health work under the American Red Cross, government engineers and experts of the Thompson-Starret Company had been at work for some months constructing one of the biggest powder plants in the world, and with it an entire new city. I have read many tales of cities springing up in a wilderness following the discovery of gold or the striking of an oil gusher, but I am certain that no complete new city was ever built as rapidly or as efficiently as was Nitro, W. Va.

Think of the problems which had to be solved. The building of any one of the numerous units of the city would have been an appalling task taken separately in normal times, but under the stress of war conditions, the whole job had to be done at once, and in record time. First, of course, the entire site had to be platted and laid out. Roughly speaking, the city was divided into three areas, the factory area, the hospital area and the bungalow area, where the civil population was housed. There were also barracks to house 10,000 labor-

ers. Streets had to be built and paved, a sewage disposal system built, a safe and adequate water supply provided and facilities arranged to make a swamp healthy and comfortable for 40,000 men, women and children.

Of course, I lack the technical knowledge to explain how much of this was done, but the wonder of it has not yet ceased to impress me. When I arrived at Nitro in May, 1918, the job of building the city was well under way. The hospital buildings, temporary frame structures similar to those in the army cantonments, were completed, as were most of the dwellings in the bungalow area, to house about 15,000 people. At this time there were only about half a dozen nurses on duty, though more were arriving daily, until at the time the armistice was signed the number of nurses had been increased to about 120.

As above stated, the six hospital buildings, affording accommodations for eleven wards, were built on the type of those at the army cantonments, and were equipped with electric lights, hot and cold water, shower baths and adequate apparatus. While the hospital buildings were constructed to handle a normal capacity of 350 patients, during the influenza epidemic, more than 500 were cared for without serious inconvenience.

When the influenza became epidemic at Nitro, there were only about 70 nurses available, but women from the civil population were enlisted as hospital aides and under the supervision of the nurses did splendid work.

The building of Nitro offered a much greater problem than the construction of any of the army cantonments, both because of the character of the land, and because there was so large a civil population to be accommodated. In the cantonments, once the buildings were up, they were ready for occupancy, because the soldier occupants did not expect palaces, and had no choice but to remain. At Nitro, however, it was necessary to provide housing facilities for thousands of families, the wage earners of which were to be employed in the powder plant, and who could leave if they were dissatisfied.

The hospital area was of course built with the expectation of handling a large number of accident cases. Since the armistice was signed before the manufacturing process was well under way, the accident cases handled were principally those occurring in the ordinary work of construction—leg and arm fractures, skull fractures, scalp wounds, amputated fingers and minor burns. There were also the ordinary diseases to combat, which would occur in any com-

munity, principally typhoid, diptheria, pneumonia, measles and kindred maladies. Outside of the hospital routine, nurses were in charge of stations where the families of government employes were vaccinated for smallpox, innoculated against typhoid and supplied with common medicines and tonics.

Two and perhaps three serious obstacles were encountered at Nitro, which for a time threatened to hamper hospital and public health work of the highest type. The most serious of these was the difficulty in securing a pure and adequate water supply.

Water pumped from the Kanawha River and passed through a filtration plant was found to be so badly polluted as to be unfit for either drinking or cooking purposes. Water from springs was then tried, but bacteriological examination revealed the presence of colon bacilli. It was then decided to reconstruct the filtration plant, but for a long period all water for drinking and cooking was boiled. For months huge tank wagons similar to the sprinkling carts used in large cities were in service hauling water previously piped into storage tanks. Every building kept a large galvanized tank outside to be filled daily from these tank wagons. Bottled distilled water was also used part of the time for the hospitals.

The securing of sufficient milk was also a serious problem. During a period of several months it was impossible to secure more than 17 gallons of fresh milk a day, so government chemists were appealed to, and by a laboratory process, commercial milk powder was converted into wholesome, palatable whole milk, with a butter fat standard above that fixed by food regulations.

A third obstacle which for a time threatened to impair the efficiency of the public health work, was the lack of the highest type of supervision. This was fortunately only a temporary condition, however, and under Mrs. Ida Gilbert, supervisor of nurses, conditions were vastly improved, the morale of the nursing force being raised materially. Those who spent many months at Nitro have also given high praise to the work and influence of Miss Katherine Sheehan in charge of the emergency hospital, and Miss Jean Allen, night superintendent. For several months the nurses suffered from lack of wholesome recreational facilities, but through the influence of Mrs. Gilbert, this condition was speedily remedied, and weekly dances and other amusements were provided.

Nitro was a huge experiment, of course, but withall a successful experiment, though it was only just beginning to function completely when the armistice was signed. Those fortunate enough to be

connected with the project in any capacity had an opportunity to learn much.

One thing which the building of Nitro has proven, is that though a city be built in a swamp, the government sanitary corps and public health nursing service will finally surmount all obstacles and render it a fit place of abode for mankind.

LETTERS FROM THE BALKANS

We are very glad to be able to publish the following interesting letters from nurses who are with the Red Cross Balkan Commission:

Salonique, Greece,
Feb. 8, 1919.

My Dear ———,

"Gay Paree" is far behind, almost as far behind as the Promised Land. This is one of the jumping-off places of the world. Fifty nationalities represented here: Turks, Greeks, Italians, Jews, French, English, Americans, Serbs, Chinese; a regular melting pot. One dares not go out at night, murders are so common that little is thought of them. One thing is marked, the absence of women. Very few are seen on the streets; no display of feminine attire in the shop windows. Some contrast to Paris!

We are comfortably quartered here with the Red Cross—about seventeen nurses awaiting their assignments. The winter has just begun and it is awfully cold—snow for several days. One party left, but they are returning today on account of the weather, as railroad service is unreliable even in the best of weather. We have a cook, American-Serb, and two nurses go on duty each day to see to the serving of the food.

I am taking it for granted you know I am with the Balkan Commission, South Serbian Group. We are about the only ones assigned—three nurses, two social workers, and one doctor—to Novibasar, interior of Serbia. The others are to be scattered down further south. We were assigned because we have all done public health work; the others will be assigned from here. The Director of all the parties went out on a survey and sent word for us to stay until further notice in Salonique.

We had a wonderful trip here; left Paris on the 9th of January; through the French Alps; had lunch at Modane, on the French-Italian border; arrived in Rome the 11th. Two delightful weeks there; I can understand now why it is called the "Eternal City." We had fine weather, so of course, that added to it. From Rome by train to Taranto, an important seaport town, with curious old fisher folks, and much need of sanitation. From there by boat to I——— for a couple of days. While there we took the trip to Delphi on the backs of mules, to consult the Oracles. It was great fun. It would take a long time to describe that day in the mountains! The next day at 6 A. M. we left by camion for P———, some 50 miles up, around the mountains, from the olive groves to the snow peaks. One could look down and see the road curving around the mountain like a scenic railway. The British are there, as everywhere

you go, and have excellent roads built. We rested a few hours at B———, a British camp, and took the train from there to Athens; we bought regular shepherd crooks from the old men who crowded the stations to get their first look at the long-heard-of Americans. Athens was beautiful but, to me, could not compare with Rome, although we know it is much older and more perfect. We were there four nights and three days; there caught a British boat (an ex-Austrian warship) bound for here. We met on it the rest of the party we left in Rome; they had come most of the way by boat.

We are growing very fond of our British friends, they have been so lovely to us on every occasion; and the French! The magic word "Americans," and they have their hands out! Really, I never knew how much that language means, we use it more than we did in France. We give a sigh of relief when we find they understand French, and most of these people do.

Our party of men returned last night, saying the roads were impassable until the snow cleared, so we will be here for several weeks. We are planning a trip to Constantinople next week.

Monastir. Feb. 10, 1919.

My Dear ———,

Miss M——— and I spent most of our time in France working together, first in Evian, then in Paris, then in Bellevue. She was awaiting a sailing date when I left and I have since had a card saying she was in England on her way home.

Miss P——— and I were to have come to Monastir, but the plans were changed in Rome and she was sent to Greece in charge of another unit. Only three nurses came here. Miss J——— took Miss P———'s place because she had been in Serbia a few years ago. We all traveled together as far as Athens, Greece.

It was a very interesting journey. During the few days we had in Rome we managed to see a great deal of historic interest as well as of present interest. The second day in Rome was the day of President Wilson's arrival and his reception was quite worth seeing.

From Rome we traveled by rail to Taranto on the southern coast of Italy. As we were a party of twenty-five, hotel accommodations were not always easy to secure. The British came to our rescue there and entertained us very pleasantly and well at their rest camp. We slept in barracks but were very comfortable.

From Taranto we crossed the Ionian Sea on a French transport and landed at I———. Then by camions to B———, the nearest railway station. Skirting along the rocky coast of Greece was very interesting, but the mountain roads to B——— were wonderful. From B——— we were supposed to go directly to Salonika, but the bridges were washed out on that route. No accommodations could be had at B——— so we all boarded the train for Athens.

Our first day in Athens was Greek New Year's day. We had the good fortune to be able to attend the special services in the Greek church, the King and all his dignitaries being there and taking part in the ceremony. While in Athens we also visited the Acropolis. Thereafter I visited a book shop and

bought a book to familiarize myself again with the famous old Greek myths and legends which now seem so much more interesting after having seen the places around which they were woven.

From Athens we traveled by boat to Salonika, this time a Greek boat. We didn't go about a great deal in Salonika as we were warned against going about alone. With the exception of the soldiers, most of the people on the streets seemed very ragged and dirty and the city itself was extremely dirty. The mud oozes up between the cobblestones and the trucks going by splashed us from head to foot. Just the same, we enjoyed the walks we took. The city was so different from anything else we had encountered before. The tall spires of the Turkish minarets are very picturesque. We stopped for tea next to the "White Tower," which was formerly the scene of so many deaths by hanging, Turks and Christians alternating, according to who were the stronger at the time.

Major C———, Chief of the American Red Cross at Salonika, entertained us for dinner and for luncheon our second day in Salonika and sent us toast and coffee each morning. We were living in a house lately taken over and fitted out by the Red Cross and had to go out for our meals.

The last lap of our journey was by motor to Monastir. We sat on our trunks and were consequently pretty well shaken up, but the scenery made up for any discomforts. It took us all day and our engine failed us just at dark when we were about two miles from our destination. One of the nurses, with a Czecho-Slovak pharmacist who had come with us, walked into Monastir and the rest of us remained to guard our baggage. Having lost our trench coats, blankets and rubber boots, stolen on board the boat, we were more careful.

Captain M———, in charge at Monastir, came out as soon as the nurse and her escort reached him and we did full justice to the coffee, bread and cheese set out for us that evening.

We were assigned to work in a hospital in charge of two women doctors. The hospital has been open only a short time here, they having been moved here from Vodena, Greece. Captain M——— has charge of everything but does not interfere at the hospital. He is responsible for the supplies and for rationing the civilian population. That is not a simple matter just now, for transportation from Salonika, where the supplies come from, is interrupted constantly by snow and washouts.

The hospital has about fifty beds for patients of all kinds, men, women and children. I had been on night duty four nights when Miss J——— developed diphtheria. Since then I have been taking care of her. She is getting better, so I may go back to the hospital soon. If other nurses are sent here, as rumored, we may get to doing some district work. Miss J——— is also a Public Health Nurse. She was doing dispensary and district work in Italy when the call came for the Balkans. We are comfortably located here, taking our meals at the Captain's house and rooming near by. We do not know how long we may be asked to stay or how long it may be necessary.

Received five copies of the *Literary Digest* this week. It is the first real news we have had since leaving Italy and you can just imagine how welcome they were to us all.

SOME SIDELIGHTS ON THE INFLUENZA EPIDEMIC

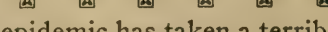
The Committee on Nursing of the Council of National Defense in its report covering the period April 1, 1918 to March 31, 1919, included "an expression of its profound reverence for those nurses who died 'in active service' during the terrible influenza epidemic." This appreciation was spread upon the records of the committee in the form of the following letter:

The Committee on Nursing, General Medical Board, Council of National Defense, considers it most fitting at this time to express its deep sensibility of the heroism of its sister nurses and nurse students during the recent epidemic.

The number of very young students who have died has been particularly tragic. Daily reports are being received indicating the deaths of many members of the United States Student Nurse Reserve. Some of these had responded eagerly to an emergency call for help from the army school; others had refused to leave civilian hospitals when offered the privilege of doing so; and still others, who, while awaiting their summons to a training school, had helped in their home towns.

These women from the youngest to the oldest have been untiring in their efforts in behalf of their patients, have shown as great heroism, as great devotion to duty, and as much self-sacrifice as our nurses in France—and in so doing have fallen at their posts in large numbers.

To them and to the innumerable volunteers who met every test of fearlessness and self-forgetfulness, for their noble service to the nation and to humanity, this Committee pays its highest tribute."



The Influenza epidemic has taken a terrible toll in India; hardly any part of the country escaped the infection, which found its way to the hill tops of Simla, into the healthy and sanitary quarters of the large cities, as well as into the crowded and poverty-stricken areas—into the remotest corners of the Frontier Provinces, or the slums of the industrial towns. The mortality for the duration of the epidemic is said to have surpassed the worst records of previous outbreaks of plague, cholera or other diseases, and the same difficulties which have been met with in other parts of the world—absolute insufficiency of doctors and nurses to meet the needs—have been acutely felt in India. It is interesting to note how uniform are the conclusions reached in widely-separated parts of the world as a result of the experiences in regard to Influenza. "It is necessary," writes the editor of *The Social Service Quarterly* of Bombay,

"that arrangements should be made at an early date for the opening of courses for the training of nurses in large numbers and their employment by the State for relief work in all parts of the country .. .. .. there is the urgency of measures being undertaken to improve rural sanitation and to make medical relief available to the villages in which the bulk of the country population resides .. .. .. The institution of a department of public health, comprising the medical relief of the people, medical research and sanitation, together with the adoption of immediate steps for improving the medical and sanitary arrangements of villages, should be looked upon as one of the foremost measures to be carried out in the period of reconstruction."

Voluntary organizations of various kinds helped, in India, as elsewhere, to alleviate the sufferings of the helpless sick, and in the journal mentioned above, an interesting account is given of the work of some of the students of the Wilson College in Bombay, from which we quote the following:

When the epidemic began to take a serious form, some members of the college, professors and students, felt that the least they could do was to offer their services to the municipality for relief work. They were asked to interview the Executive Health Officer, and in the course of conversation with him they suggested that some of the students might be willing to coöperate in such work. Most of the students had left for their homes, but a certain number remained in the hostels, and many of these expressed their willingness to join the band of workers. It should be added that most of those who did not join were engaged in some form of work in connection with other organizations, or joined such organizations later.

We were first asked to work among the people living on the Improvement Trust Estate at Babulnath, and in part of the Kanawadi district. Our numbers swelled gradually, several more students and some ladies having volunteered to work along with us; and we felt that our sphere was too narrow. The Health Officer accordingly invited us to undertake work among the Sweepers' Chawls on the Tardeo Flats. Every member of our band volunteered for work among these chawls. So we decided that those who had not bicycles should work in our original districts, and that those who had should go to Tardeo. It was this latter part of our work that created most interest and enthusiasm; and this we believe to have been most fruitful in results. Chawls in various parts of Tardeo were visited, but the Sweepers' Chawls were visited most thoroughly, day after day. No words could adequately describe the energy and enthusiasm with which the students did their work. An extract from a paper written by one of the student workers will speak for itself:

"At first our movement was unpopular in many parts of the chawls. Patients, young and old, resented taking medicine, but as the benefit began slowly to be appreciated the resentment grew less and less, until at last the grumblers became rare. The secret of our success lay in the steps taken by us to win the confidence alike of the patient and his relatives, to impress upon them the benefits of taking medicine and to show our readiness to offer every kind of

help to those who were in need of it. One of us made many excellent extempore orations on principles of sanitation, the necessity of preserving health, and the usefulness of our medicines in the prevalent epidemic, much to the edification of the wondering multitude around him.

"One other thing which we have to mention with satisfaction is the assistance which lady students gave us, an assistance which was as spontaneous as it was whole-hearted and complete. It must be said to the credit of the ladies that though they had not the 'pushfulness' belonging to men, they, by their soft and comforting words and kind acts, discovered patients where we had been able to find none. Besides, with the sympathetic heart and gentle nature belonging to their sex they combined skill and experience in nursing, the value of which cannot be exaggerated in a relief movement like ours."

There are other things which this writer passes over which he might be expected to dwell upon. The neighborhood of the Sweepers' Chawls is not the most fragrant in this city, and most people would not pass that way for fun, even though the road were not declared "No Thoroughfare." Then there is the fact that their patients were sweepers; yet our workers served them with a devotion that could not have been excelled if the patients had been literally their brothers. For they not merely visited them and prescribed medicines for them, but they shrank from no task which the doctor or nurse is accustomed to perform for the sick. And the outcome was not only that many men, women and children were rescued from death, but that a bond of confidence and affection was established between members of classes which are normally widely severed from each other. That is something that will lead to great consequences in the future. And, lastly, a new link was forged between student and student, and between student and professor that will not easily be broken.

ACTIVITIES OF THE NATIONAL ORGANIZATION

During the month of March 64 new members have been added to the National Organization; of this number, 54 are Active Members, 9 are Associate Nurse Members and one is a Corporate Member. No non-professional members have been added during the month, and this would indicate the necessity for our nurse members to try to promote the interest of lay people—especially those who are trustees, board members, or otherwise active in the public health nursing field—in the work and aims of the organization. At the present time, especially, when important questions of public health organization and legislation are under consideration in so many States, it is a matter of great moment that the large body of non-professional people who are being called upon either to support or to oppose many movements in which public health nurses are vitally interested, should be informed as to the principles which are at stake, and what results may be expected if certain bills are passed, or if a certain form of action is taken. That very many non-professional people are keenly interested in public health matters and in the work of the public health nurse we well know; and it is the responsibility of the nurses themselves to insure that this interest shall be utilized in the right direction, to further and not to hinder the cause which we all alike have at heart.

THE OCCUPATIONAL BUREAU

In the Main Office 73 interviews have been held, 37 of which were in regard to public health nursing positions and courses. Through the Occupational Bureau twenty applications for positions have been received from nurses, and seventeen requests have been received from associations for nurses; eight appointments have been secured through the office. Probably this large number of inquiries and applications is partly due to the fact that many nurses are now returning from war work, and may be taken as an indication that we may hope to find many of these nurses turning to the public health field. It is most natural that those interested in public health nursing and desirous of obtaining well-qualified public health nurses should turn to the National Organization for assistance, and also that the nurses, many of whom are its members, should turn to it, when they are seeking positions. The several secretaries are constantly traveling, from one end of the country to the

other, thus obtaining first-hand information of conditions; they are therefore in a condition to know the needs of the different localities and to be able to give valuable assistance in placing the right people in the right places. It is interesting to note, from the figures for this one month, the importance of this special activity of the National Organization.

EDUCATIONAL SECRETARY'S SOUTHERN TRIP

The Educational Secretary has been making a six-weeks' itinerary through the South, for the purpose of furthering the establishment of suitable courses in public health nursing. Mrs. Haasis commenced her tour on March 12th, and up to the end of the month had visited the following places, where she has held many conferences, and made a number of addresses: St. Louis, Mo.; Little Rock, Ark.; Texas: Dallas, Camp Bowie, Fort Worth, Austin, San Antonio, Galveston, Houston.

CHILD WELFARE DEMONSTRATION

The demonstration being made in Morgan County, Ills., in coöperation with the Children's Bureau, is progressing most satisfactorily. A County Community Council has been organized, with committees on prenatal, infant and maternal welfare, social service, rural schools and education, publicity, finance, tuberculosis, housing and sanitation, and volunteer workers; also industrial, civic, Americanization, county conference, and program committees. The first work of the Council will be to back the child welfare demonstration.

The forming of a strong, active rural association seemed to be the hardest and most necessary factor in establishing rural health work, so this splendid start is a very happy augury for the future. Miss Katherine Olmsted, Secretary of the Western Office, who is in charge of this demonstration, has given lectures and held conferences in Chicago; Grand Rapids, Mich.; Milwaukee and Madison, Wis.; Topeka, Kans.; St. Louis, Mo.; Jacksonville, Evanston, Springfield, Chapin and Meredosia, Ill. The lectures were given to groups varying from fourteen nurses to a general audience of 750, and included the following subjects: "Public Health Problems;" "Nursing Legislation and Laws;" "War Experiences and Public Health Nursing;" "Nursing as a Profession;" "Roumanian Experiences;" "High School Health Crusaders;" "Rural Public Health and Sanitation;" "Teaching Health;" "Value of a Community Health Council;" "Infant and Maternal Welfare;" "Tuberculosis as a general Public Health Problem."

NOTES OF INTEREST

As our readers know, both the Executive Secretary and the Associate Secretary of the National Organization have been engaged in most arduous and incessant work during the period of the war—the former as Secretary of the three Committees on Nursing of the Council of National Defense, and the latter as Director of Nursing under the U. S. Public Health Service. We are very glad, therefore, that it has been found possible for both of them to take much needed rest. Miss Crandall left on May 1st for a three-months' vacation; and Miss Lent is at present on leave of absence, during which she will visit Japan and China.

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Miss Blanche Swainhardt, Superintendent of the Visiting Nurse Association of Cleveland, has been appointed Assistant Secretary of the National Organization, and took up her duties in this capacity on March 1st; her work will be mainly connected with the oversight of the New York office. Her resignation from the Cleveland Association was accepted with much regret, although with the knowledge that her services are now made available in a larger field. Miss Swainhardt has been a member of the Board of Directors of the National Organization, from which she resigned in order to take up her new responsibilities, and she brings to the service of the Organization qualifications which especially fit her for the work which she will undertake.

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The Westchester County Conference on Public Health Nursing recently asked the National Organization for Public Health Nursing to make a study and to recommend to the conference a plan for the federation of the various organizations at present working in the county. Miss Zoe LaForge was appointed to make this study, covering all agencies in the county, public or private, employing public health nurses. The recent Influenza Epidemic and the Infantile Paralysis Epidemic in 1916 have drawn attention to the necessity for coördination of the nursing resources of the county, and it is hoped that this study of the situation which has just been completed, will lead to the formation of a strong county federation.

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For some time past the great need of the services of a full time Publicity Secretary has been felt, and it is, therefore, with considerable satisfaction that we are able to announce the appointment of Mr. James Rorty to this position. The new secretary has had

considerable experience in publicity work of a somewhat exceptional character which should especially fit him to be of value to our organization; he is also the author of several plays. The exact date upon which he will be able to take up his duties is not yet certain, but it will probably be within the very near future.

LIBRARY DEPARTMENT

In a former issue we published in this Department a list of organizations or business houses owning child welfare material, which included a number of organizations having publications on the subject of tuberculosis amongst children. Through some oversight there was not included in this list the Elizabeth McCormick Memorial Fund, which has for the last ten years carried on an active campaign against tuberculosis in children. The Fund has published one book and several pamphlets on this subject; a complete file is also kept of open air schools throughout the country, and material which might be helpful to those interested in promoting open air schools will be gladly loaned. The following is a list of the publications of the Fund:

Publications of the Elizabeth McCormick Memorial Fund

Bulletin No. 23, Bureau of Education. Kingsley & Dresslar.
Open Air Crusaders. Kingsley, Sherman C.
Open Air Schools—How to Build and Equip Them. Kingsley, Sherman C.
Open Air Schools. Kingsley, Sherman C.
Open Air School Houses. Kingsley, Sherman C.
Open Air School Equipment.
Medical Aspects of Open Air Schools.
Steps in the Evolution of Baby Welfare Work in Chicago.
Economic Aspects of Infant Mortality (Reprint).
*The Well Baby Primer.
10,000 Epileptics in Illinois.

Statistics of the Library

The Library of the National Organization now contains the following material:

Pamphlets	Books	Clippings	Periodicals	Duplicates
2,864	167	1,063	189	537

In March a letter was sent to all new members accepted during the month telling them of the library centres in their States and asking them to borrow public health literature from them. A list of these centres—now established in thirty-five States—was published in our April issue.

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*Noted in Department of Book Reviews and Bibliography, April, 1919.

BOOK REVIEWS AND BIBLIOGRAPHY

DISPENSARIES, THEIR MANAGEMENT AND DEVELOPMENT. By Michael M. Davis and Andrew B. Warner. MacMillan Co. 438 pp. $2.25.

Probably no two men in the country could be found who are better equipped to discuss Dispensaries than the authors of this pleasantly written book, pleasantly in spite of being technically put forth. Very much up to date, however, when published in the latter part of 1918 with "efficiency" diagrams no less than floor plans, costs, charts and records, blanks, chapters on personnel and patients, administration, social service, even fore-shadowings of the ideal Health Center. One puts down the book with a sense of another and still more timely edition soon to come from the same hands. For so rapidly do we advance just at the moment no writer of technical literature can be said to have given expression to the one permanent idea. For which, in health matters, thanks be! War exigencies and opportunities have advanced us amazingly of late and the people, already with glimmerings, have begun to see a greater light and to realize that health as much as any other salvation, though needing a "preacher," is in the end a personal affair and that one must work for it. Right living and organization for health—Robert Ingersoll's "making health contagious"—is to be the future gospel. This sort of thing, the health idea, must now be "dispersed" or dispensaries will lose a part of their opportunity. The Children's Health Organization started in New York City is an example of the present day trend and points to what increasingly will be done. It hints at dispensary possibilities.

The history given of modern dispensary origin and growth is interesting. After the great fire of London in 1665 which cleaned up the plague, there was left a train of sickness and poverty which spoke so vividly to the medical profession that the entire College of Physicians in 1687 voted to give to the poor, without charge, the benefit of their services, while a less philanthropic Apothecaries' Hall, not being willing to contribute drugs to the cause, certain citizens came to the rescue with money for medicines and there was opened in 1687 the first of known dispensaries amongst English-speaking peoples. In Philadelphia in 1786 was opened the first American Dispensary. New York following in 1790 and Boston in 1796.

Their primitive management was, of course, very unlike our present systems of aid, only the very poor were served and only drugs were utilized as health agents. Now some dispensaries go so far as to give Zander treatments, many utilize massage, and in fact, except food and rest in bed, whatsoever a hospital can employ to cure its sick is now to be found in dispensaries for ambulatory cases of illness; besides a very great deal of excellent personal work on the part of earnest doctors, nurses, and attendants. Too much of this from the doctor is unpaid work and from the nurse inadequately paid. The laborer should be worthy of his hire in medicine as elsewhere, and if sometimes he is supposed to get his pay out of his experience, it is not always just that he should, nor does it work always to the patient's good that he may. Better service would come of adequate pay for the dispensary doctor, and the entire plant better justify the outlay for building and equipment.

The book discusses at some length who should be dispensary patients, the proper kind of admitting officer and the position of the nurse in the dispensary, urging more pupil nurse service in dispensaries attached to hospitals, but doubting that the training of a nurse is needed to make an efficient social service dispensary worker. It is open to question if this last is a right conclusion, and we would suggest that a larger contact of patient and experienced graduate nurse at some point in the patient's progress from entrance to dismissal door would be vastly helpful. The "mother" idea is needed in dispensaries, and if many important hospitals have instituted during the war Admitting Officer Nurses, a feature likely to become permanent, why not this also in dispensaries?

The authors rightly lay emphasis on the need to consider the patients' comfort and dignity, the importance of minor diseases, the early recognition of disease, the value of health surveys, the teaching aspect of dispensaries, and in the suggestive chapter on "Scope and Extent," as well as elsewhere, sound a most excellent note of service.

The dispensary, clinic, health center,—whatever name may be given hereafter to the gathering place, pay or free, for the diagnosis and treatment of patients able to move about—is to be an important future development in our country. Let us see to it that it becomes well thought out and instituted, and that in the institution we do not lose sight of its only legitimate end, to relieve physical suffering and the by no means inconsiderable associated duty to minister to the mind and heart of the sick man. One knowing how true is the criticism here quoted from an English surgeon to an American friend,

after several years' service closely associated with our medical men at the front, cannot refrain from italicising the words in question. He writes: "On the whole, I should say that as physicians and surgeons we are quite the equal of the American medical man, but in scientific research he is ahead of us. Very keen, *but a bit apt to overlook the patient in the case.* That, of course, is bound to be one of the results of 'team work' and, I dare say, from posterity's standpoint will prove to have been beneficial." But will it have been? And why not take care of *now* as well as *then?* M. C. B.

HEALTH AND THE WOMAN MOVEMENT. By Clelia Duel Mosher, A. M., M. D., Medical Adviser of Women, Leland Stanford University. The Womans Press, New York.

This little book, which is an amplification of an address given in 1915, is presented by the author with regret that, owing to her war work in France, she is unable to still further add to it the accumulated evidence and knowledge gained during the last two years. But as it stands it is well worth reading and recommending others to read.

It presents, as opposed to Professor W. T. Sedgwick's assertion that "Sex is a deep-rooted structural difference," producing handicaps in women that require, among other things, "special methods of teaching," the belief that the traditional handicaps of sex are less than they are supposed to be, and that life itself during these late years has proved the truth of Olive Schreiner's contention in *Woman and Labor,* "Today we are found everywhere raising our strange new cry—'Labor and the training which fits us for labor!'"

Dr. Mosher briefly traces the development of the new ideas of the physical capabilities of women, from early college careers to the innumerable labor activities recognized by the world as the achievement of women during the war, and suggests that it is possible that some at least of women's physical as well as mental disqualifications have been owing to surrounding conditions rather than inherent in her sex. Also that in the conditions brought about by the war "the need for truth with regard to women's physical limitation becomes imperative."

The summary given of the writer's study of the function of menstruation would be well worth every woman's while to read. The observations on the hygiene of constipation, water inside and out, feet, fatigue and clothes, brief as they are, are convincing and illuminating. The "psychology" of clothes, by the way, which must have revealed itself to the most unthinking mind during the last four years, is being forcibly demonstrated now to us all, in the present mode of the constricted skirt, but it is difficult to believe that the physical

lessons of the war will be entirely forgotten. "If a woman is to use the opportunities thrust upon her," Dr. Mosher says, "she must be physically equal to them," and that more than ever a great responsibility rests on physicians and teachers of physical training" to hold out to women an attainable physical ideal, to teach the mechanism of our wonderful bodies so that she obeys the laws of the body, laws learned so perfectly that they are obeyed automatically." A. M. C.

WHAT INDUSTRIAL NURSING OFFERS TO THE NURSE

EDITOR'S NOTE: The following extract is taken from the book *Industrial Nursing*, by Florence Swift Wright, R. N., to be published shortly by the MacMillan Co.

This book will be of great interest to all Public Health Nurses and especially to those who contemplate, or are actually engaged in, industrial nursing.

The continual contact with people of all sorts, most of whom are not ill, gives the nurse who can see through the eyes of others, a wide view point. The fact that so large a number of those she sees have normal minds and bodies causes her to react to people in a clearer headed and more normal way than is possible for a nurse, surrounded during her working hours solely by the sick and those concerned with them. To the nurse more interested in health than in abnormalities, this is an advantage to be prized not only for its effect on herself, but for what it enables her to bring to the sick.

Work in the business world is valuable training for a nurse. It teaches her method and exactness. It tempers her impulses and develops her sense of justice and of relative values. It teaches her the fundamental likeness of all people while training her to recognize their individual characteristics and to treat them as persons rather than cases.

Industrial nursing, while not free from discouraging features, is on the whole happy work, in which conditions improve and results are obtained, and in which service is repaid by confidence and often affection.

Any statement as to the financial returns from industrial nursing made at the present time (1919) may have little bearing on the future. Exact information is not easy to obtain, as many salaries are considered by the employer as confidential. It seems safe, however, to say that the salary of an assistant nurse may be expected to exceed somewhat that of a staff nurse of a visiting nurse asso-

ciation. The salary of a nurse organizing industrial nursing or holding an important executive position will depend largely on her ability to earn her money.

No nurse joining the ranks of industry at the present time (1919) need feel that she is entering a crowded field. Because there are not enough industrial nurses, untrained and half-trained women are attempting highly technical and responsible work. Industrial nursing is not a "blind alley occupation." Opportunities abound. A nurse building on a thorough preparation with an open-minded attitude towards her work should not fail to advance as far in industrial nursing as in any other branch of the nursing profession.

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Reveillé, the English magazine "devoted to the disabled soldier and sailor," has succeeded *Recalled to Life.* Pronounced, by the way, according to no less an authority than the editor, Mr. John Galsworthy, "Revelly," and the title chosen because "while Death blows his bugle in these fields, we would blow a call against him." Rudyard Kipling, Joseph Conrad, J. M. Barrie, E. V. Lucas, Max Beerholm and other lights of the literary and artistic world contribute to the early numbers, as well as eminent men and women in the fields of surgery, orthopedics, physical reconstruction and vocational training.

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An instructor's manual for rehabilitation work in hospitals and in vocational schools to aid in teaching English to foreign-born disabled soldiers who are illiterate and speak English l[illegible]y has been issued by the Federal Board of Vocational Education, in coöperation with the Surgeon General's Office and the War Risk Insurance Bureau (Rehabilitation Monograph - Joint Series No. 4).

The aim of the course is to provide "such training in elementary writing and reading as will raise the student from the state of strict illiteracy to the grade of elementary literacy." The most urgent need of these illiterates "is training in learning how to write their names and the facts of personal identification; and in learning how to recognize the English alphabet and the fundamental phonetic sounds as expressed in elementary reading."

NOTES FROM THE FIELD

THE PLACE OF "EARLY TREATMENT" IN THE PROGRAM OF VENEREAL DISEASE CONTROL

The following statement in regard to the program of venereal disease control is republished from the Public Health Report of the U. S. Public Health Service, April 18, 1919:

The place of "early treatment" in the program of venereal disease control throughout the United States has recently been under discussion by various physicians and organizations interested in the efforts now being made by the Public Health Service, in coöperation with State boards of health, toward limiting the further spread of the venereal infections.

The Public Health Service desires to make a matter of record, for the information of health officers, the exact part "early treatment" has in the general plan, and therefore invites attention to statements made in "Instructions to Medical Officers in Charge of State Control of Venereal Diseases," Miscellaneous Publication No. 19, reading as follows:

"Administration of early or prophylactic treatment: It is not designed to establish prophylactic or early treatment stations primarily as such, but all clinics should be prepared to intelligently administer this treatment to voluntary applicants who give a history of exposure within a few hours immediately preceding their application."

"Every extramarital intercourse is to be regarded as an exposure to venereal infection, and the so-called *prophylactic* treatment is really *early* treatment given without waiting for definite diagnosis."

"Such treatment is very efficacious in preventing the development of venereal infections if given within the first hour after exposure. Its value rapidly diminishes from then on, and when four hours have elapsed since the exposure it is of very little usefulness. It should, however, with this understanding, be given up to at least 10 hours after exposure. . . . It should always be remembered that complete control of the patient is necessary in order to obtain satisfactory results from early or prophylactic treatment."

On March 24 a circular letter on this subject was issued by the bureau to all venereal-disease clinics and State venereal-disease control officers, reading as follows:

"Your attention is invited to paragraph 10 on page 11 of Miscellaneous Publication No. 19, relative to the administration of early or prophylactic treatment.

"In addition to requesting all persons giving a history of exposure to report at the clinics for reëxamination during the period specified, a memorandum record should be made of those calling for treatment. Each person should also be furnished with the circular of information given to infected persons, that he may be fully informed as to the dangerous nature of the venereal diseases.

"Upon the completion of the period of observation, the office memorandum relative to the administration of early treatment should be destroyed, and the report at the end of the month should show the number of persons given

early treatment. No permanent record should be kept of the names and addresses of those treated and observed, unless a venereal infection should develop, in which case, of course, they would be reported and treated as would be any other venereally-infected persons."

Persons requesting "early treatment" who develop venereal infections are reported by the clinic to the State health authorities in accordance with law, and are brought under control to prevent the spread of infection in the same manner as are other patients of the clinic.

The general plan for venereal-disease control is grouped under three headings:

1. *Medical measures.*—The establishment of clinics, securing hospital facilities for venereally infected persons; making available laboratory facilities for the scientific diagnosis of venereal diseases; securing wide distribution of arsphenamine or similar products; obtaining the support of the entire medical profession by reporting their cases to the State board of health in accordance with law; treating venereally infected persons in accordance with the best modern methods; and securing the coöperation of druggists in refusing to dispense venereal nostrums and directing prospective purchasers of such remedies to venereal-disease clinics or reputable physicians.

2. *Law-enforcement measures.*—Encouraging the closing of restricted districts; stimulating local authorities to carry on energetic campaigns for the suppression of clandestine prostitution in all its forms; coöperating with local authorities with a view of rehabilitating venereally infected persons; commitment to institutions of venereally infected feeble-minded persons; and creating in each community public sentiment for the enforcement of existing laws and ordinances tending to better civic conditions or for prompt enactment of needed legislation.

3. *Educational measures.*—The dissemination of information by leaflets, lectures, and other means for the purpose of warning everyone of the serious nature of the venereal diseases, informing them that the method of spread of these diseases is by personal contact with infected persons, and urging continence as the only safe procedure for avoiding infection.

These measures have already resulted in decreasing the number of exposures to venereal infections. Yet sex attraction is one of the fundamental instincts of the human race, and some persons will continue to expose themselves to the infection of these communicable diseases. The community is entitled to the protection given by prompt "early treatment" in preventing the development of these potential foci of venereal infections, while it is, in the meantime, strengthening the other medical and civic measures of prevention which the condition may require.

WORKMEN'S HEALTH INSURANCE BILL PASSED BY NEW YORK SENATE

According to the American Association for Labor Legislation, the New York Senate by passing the workmen's health insurance bill, has just taken the most advanced legislative action in the history of the United States looking to the protection of the working population against the hazard of sickness.

The purpose of the bill as passed is to conserve the health of the workers by establishing, under state supervision, funds jointly supported and managed by the employers and employees out of which workers in time of temporary sickness will receive benefits both in cash and medical care. These benefits include a cash payment of two-thirds of wages, up to $8 weekly, during temporary illness or extended disability not covered by workmen's compensation, also medical and surgical treatment and supplies, hospital service, nursing attendance and dental care.

There is a special provision for maternity benefits. Working mothers and wives of working men who are insured will be given pre-natal care and adequate medical and obstetrical and nursing care at childbirth. For wage-earning mothers there is provided in addition a cash maternity benefit for two weeks before and six weeks after childbirth in order that they may be able to stop work at this time.

By making the health insurance system universal, with all profit-taking casualty companies eliminated, the cost to the insured workers will be only about 20 cents weekly in order to secure the full cash and medical benefits. Employers who share equally with the workers in the cost, have figured that their share will be about 1 per cent of the pay roll.

According to a tentative statement made in "Health Insurance: Its Relation to the Public Health" (Public Health Bulletin No. 76, March, 1916,) each of the 30,000,000 workers in the United States loses on the average about nine days every year on account of sickness alone. Estimating the daily wage at $2.00 and the cost of medical attention at $1.00 per day, the annual loss to the 30,000,000 wage earners on account of the nine days of sickness would be over $800,000,000.

COUNTY NURSES FOR SOUTH DAKOTA

The following are extracts from a bill to be introduced in the South Dakota Legislature:

Section 1. Whenever in the opinion of the county board of health of any county in this state it is necessary for the protection and preservation of the public health, to secure the aid and services of a trained nurse, or nurses, at the expense of the county, said board of health shall file with the county auditor . . . a written application for the employment of a trained nurse, or nurses, and a statement of the facts . . . in regard to the public health upon which said application is based and such recommendations as to the term of employment, the person, or persons, to be employed, and the compensation to be paid by the county as they shall deem proper, and in case in their judgment an emergency exists a demand that the board of county commissioners be forthwith called to meet in special session to act thereon.

Section 2. In counties where there is no county board of health and in counties where the county board of health fails, neglects or refuses to act in such matters, twenty-five resident freeholders who are electors of such county, may petition the board of county commissioners to secure the aid and services of a trained nurse, or nurses, at the expense of the county.

Section 3. Upon the filing of such application by the board of health or such petition, the county auditor shall forthwith call the county commissioners together in special session, providing such demand shall be made in said application or petition. . . . If sufficient grounds are set forth in such application or petition, for such employment, the county commissioners shall forthwith employ a trained nurse, or nurses, in accordance with the recommendations . . . and shall fix the term of employment and the compensation therefor, which compensation shall be paid out of the general fund of such county, unless the commissioners shall . . . provide the payment from some other fund or source. The person so employed shall be known as the county nurse and shall possess all of the qualifications now or hereafter required by law for professional trained nurses in this state.

Section 4. The board of county commissioners of any county may at any time when in their own judgment and discretion the public health and interests of such county will be benefited thereby, take the same action for the employment of a county nurse, as though an application or petition therefor had been previously filed.

Section 5. The county nurse shall . . . perform such professional services as the county board of health, or county commissioners, shall deem necessary for the protection and preservation of the public health and to this end the board of health, or commissioners, may require said nurse to make a physical examination of the eyes, ears and throat of any or all pupils enrolled in the public schools of the county and to forthwith report to said board any symptoms of tuberculosis, infantile paralysis, diphtheria, smallpox, scarlet fever, measles, chicken pox, or any other contagious or communicable diseases disclosed by such examination; to visit any private or sectarian school which holds itself out to the public, or any part thereof, for the education of children and make similar examinations . . . ; to visit any person, or persons, in any hotel, rooming house or family home, afflicted with tuberculosis, or

other contagious or communicable disease, and to assist or direct in nursing said person and to advise as to the proper method to prevent the spread of such disease; to visit any pest house or houses of detention where any person, or persons, afflicted with contagious disease may be isolated, and assist and direct in nursing such person, or person; to act as visiting nurse throughout the county, or any proportion thereof, and in gathering statistics or diffusing information with reference to the protection and preservation of the public health.

Section 8. That it shall be unlawful for any person, or persons, to refuse to receive such county nurse into private homes, schools or other places when in the discharge of her duties as such, and it is hereby made the duty of all persons in such county to render such aid and assistance to such county nurse in the discharge of her official duties as she may require.

THE REGISTRATION OF TRAINED ATTENDANTS

There has been introduced into the New York Senate an Act (Nos. 597, 636) to amend the public health law in relation to the practice of nursing. This Act, as amended, provides for the registration of nurses *and trained attendants.*

To be eligible for registration as a Trained Attendant, an applicant must hold "a certificate from a school for training attendants connected with any institution giving a course of at least nine months, including six months practical experience, and registered by the regents of the university of the state of New York as maintaining in this and other respects proper standards .. .. .. and who, after a practical examination, shall have received from said regents a certificate of his or her qualifications to care for the sick as a trained attendant .. .. .. and no other person shall assume such title, or use the abbreviation T. A. or any other words, letters or figures to indicate that the person using the same is a trained attendant."

This bill has the approval of the Nurses' Association, the Hospital Association and the Academy of Medicine of New York State; it also has the backing of the Federation of Women's Clubs, and there seems to be little doubt that it will become a law.

RETURNING NURSES AND THE PUBLIC HEALTH FIELD

The Public Health Division of the Red Cross Bureau of Information, which has been established in New York for the benefit of nurses returning from war service, had, up to the 10th of March, interviewed 122 nurses who desired general information on public health and positions in the public health field, and in regard to the various courses and scholarships offered. In addition, seventy-six nurses applied by letter, making a total of 198 nurses seeking information.

The division has been asked for help in supplying the needs of 157 organizations, sixty-nine of these requests having been received before the division was really open.

Of the nurses who made application it is interesting to note that eight were college graduates, seven had taken college work, but were not graduates, eleven had received training in normal schools, business colleges or as librarians, while three had taken courses at Teachers College, Columbia University, four at Simmons College, and three were trained dietitians.

It has been most gratifying to find that these nurses have been on the whole an unusually fine group of women, and most of them will make good in whatever they undertake. A surprising number have asked about the public health courses, and it seems most probable that many will take them, since they realize that they must take such a course now, if at all. Our educators seem to be keeping abreast of the times; new schools are forming and old ones are extending their work; there is now a list of fifteen schools in twelve States.

The organizations which have called for the help of the division cover every field of public health work—State and Municipal Boards of Health and of Education, visiting nursing and infant welfare associations, hospital social service departments, Red Cross chapters, State and Municipal anti-tuberculosis asociations, and missions—the latter from both cities and Southern mountain communities—industrial corporations, and the United States Public Health Service. The positions to be filled call for superintendents, supervisors, staff nurses, and nurses experienced in making surveys.

A CALL FOR INDUSTRIAL NURSES

The Division of Industrial Hygiene and Medicine, personnel of which has been detailed from the United States Public Health Service to the Working Conditions Service of the Department of Labor, to assist it in improving working conditions in industries, contemplates the establishment of a Registry for nurses who have special qualifications and training for industrial nursing.

The request for this registry has come from the officers of the division who direct researches into occupational health hazards in industrial plants, because of the calls made on them to recommend full time nurses for medical and surgical departments.

Public Health nurses or nurses planning a summer course of study, should be alive to their opportunities for constructive, educational work in the industrial world, and take such courses as would best prepare them for it.

Application blanks may be obtained by addressing Senior Surgeon A. J. Lanza, Chief of Division, 201 Ouray Building, 805 "G" Street N. W., Washington, D. C. No charge will be made for registry.

AMERICAN NURSES HONORED

Ten American Army nurses have been awarded the Medaille d' Honneur des Epidemics by the French Government, according to word that has just reached national Red Cross headquarters. The presentation ceremony took place at A. R. C. Military Hospital No. 112, Auteuil, in the presence of a distinguished gathering, twenty-three officers of the American Medical Corps and seven enlisted men of the Army receiving the decoration at the same time.

The nurses honored by France were: Bessie Mae Warwick, McDonald, Pa.; Rose A. Cassidy, Brandywine Summit, Pa.; Karen M. Lauridsen, Astoria, Ore.; Agnes W. Reid, La Crosse, Wis.; Pearl Worley, East Greenville, O.; Edith L. Hadsall, New Rochelle, N. Y.; Lillian E. Radcliffe, Montreal, Can.; Esther V. Hasson, Washington, D. C.; Myrtle Brondel, address not given, Mary C. Cavin, address not given.

NEW USE FOR A SALOON

One use to make of the abandoned saloons is being demonstrated by Henry Street Settlement in the one-time saloon at the corner of Amsterdam Avenue and 126th Street. Here, on Friday, April 4th, was held the formal opening of the Morningside Center of the Visiting Nurse Service of the Henry Street Settlement, now occupying what was formerly one of the most thriving saloons in that neighborhood. A program of talks on Public Health Nursing and its significance to the community was arranged for the opening, and the speakers included Professor C. E. A. Winslow of Yale and Professor M. Adelaide Nutting of the Department of Nursing and Health at Teachers College. In the absence of Miss Lillian D. Wald, head of the Henry Street Settlement, who is at present in Europe, Mr. Leo Arnstein, formerly of the Red Cross, a member of the Henry Street Settlement Board of Directors, presided.

"Morningside" is one of 14 centers of the Henry Street Settlement Visiting Nurse Service which covers the three Boroughs of Manhattan, Bronx and Richmond, giving nursing care to the sick people who are in their homes (and 90 per cent of those who are ill in New York City are in their homes). The center is in the charge of two supervising nurses, Miss Harmina Stokes and Miss Amy Grant, who have a staff of ten nurses, to give care to people living on the West Side of Manhattan.

Morningside is an educational as well as a nursing center. In addition to the regular staff nurses, fourteen student-nurses are receiving field experience in public health nursing at the Morningside Center. These are third-year students from hospitals of recognized standing, who are granted scholarships by the Henry Street Settlement for the special course in public health nursing offered by Henry Street Settlement in coöperation with the Department of Nursing and Health at Teachers College. Twenty-six students in all are taking this course at the present time, the other twelve receiving their field experience at Union Center, one of the East Side branches of the Henry Street Settlement Visiting Nurse Service.

The acquiring of the ex-saloon on the corner of Amsterdam Avenue and 126th Street has made it possible to establish in that neighborhood a complete health center. In addition to the Henry Street Nurses' office, which occupies the large room whose big plate glass windows make it conspicuous to every passerby, the Maternity Center Association has rented what was formerly the "private dining rooms" approached by the side entrance and have established a maternity center where clinics are held for expectant mothers. Another section of the "saloon" is now occupied by the New York Diet Kitchen Association which conducts a health and milk station for babies. The presence of these three organizations under one roof insures complete coöperation among these agencies which guard the health from birth (and before birth) through to old age.

In equipment as well as personnel, "Morningside" has been planned as a model nursing center. Its furnishings are simple but tasteful and plants and restful wicker chairs give it an inviting atmosphere. A doctor in the neighborhood remarked the other day to one of the Supervising Nurses, "I hear you run the swellest saloon in the city."

That the need for this health center is great is indicated by the fact that in 1918 the Henry Street nurses in the Morningside district cared for 4,503 patients in their homes and made 33,024 visits. In that part of the city the population is for the most part American-born, though there are also many Irish and some Italians and Negroes. Throughout the city as a whole, the Visiting Nurse Service last year nursed 43,946 patients and made 302,543 visits in the homes. These figures represent more people cared for than in four large city hospitals.

MEETING OF NATIONAL CONFERENCE OF SOCIAL WORK

The claim of public health enthusiasts that questions of physical well-being affect every other department of life, finds unusual exemplification in the program of the National Conference of Social Work. This organization will hold its forty-sixth annual meeting at Atlantic City, June 1-8. The extensive outline of the week's meeting has just been issued from the permanent office of the Conference at 315 Plymouth Court, Chicago. Miss Julia C. Lathrop, Chief of the Federal Children's Bureau, is president of the conference.

"Health and the Standard of Living" has been selected as the general theme of the conference division on health. Dr. C. E. A. Winslow of Yale University, the chairman of this division, has arranged for a symposium on the relationship of sickness and poverty. The speakers will be Karl DeSchweinitz of Philadelphia, Royal Meeker of Washington and Edward T. Devine of New York. Seven applications of the general theme, health and standard of living, will be successively presented under Dr. Winslow's leadership. Each will be the topic of a sectional meeting. These topics are: housing, the family food supply, tuberculosis, medical and nursing care, infant mortality, industrial hazards, and venereal disease.

Dr. William H. Welch of Baltimore and Dr. L. Emmett Holt of New York will participate in a discussion of the new health program for children of school age. This is one of several discussions that are scheduled to occur under the auspices of other divisions than the one on health. Among such topics may be noted: illegitimacy, the day nursery, the girl problem, public aid to mothers, the handicapped soldier, state care of mental diseases, and health insurance.

More than 4,000 delegates are expected to attend the Atlantic City meeting. Unusual emphasis upon health problems will be natural in view of the fact that the American Medical Association is scheduled to meet in the same city the week following. The more important discussions of the National Conference of Social Work from the standpoint of physicians and other public health workers are expected to occur the latter part of the week, for the convenience of those who come early to the meeting of the American Medical Association.

NATIONAL TUBERCULOSIS ASSOCIATION MEETING

The annual meeting of the National Tuberculosis Association will be held at Atlantic City, June 14 to 17th. Hotel headquarters will be at the Marlborough-Blenheim. The meetings will be held in a nearby church. The meeting of the National Association will follow immediately after that of the American Medical Association and simultaneously with the American Congress of Physicians and Surgeons. For list of hotels, write to the Publicity Bureau, Guarantee Trust Building, Atlantic City, N. J.

ANNUAL MEETING OF AMERICAN PUBLIC HEALTH ASSOCIATION

The Annual Meeting of the American Public Health Association will be held in New Orleans, La., October 27 to 30th.

NOTE

The April, 1919, issue of THE PUBLIC HEALTH NURSE is completely exhausted. Will such of our readers as may have no further use for their copies kindly return them to the Editorial Office, 612 St. Clair Ave. N. E., Cleveland, Ohio? We have several special requests for this copy to which we are anxious, but unable to respond.

MEDICAL MISSIONARY WORK IN AFRICA

Two whole days the African woman shown in the illustration below crawled through forests and swamps with a broken hip in order to reach a medical mission.

In Africa, the lot of an old woman whose strength is gone is a sad one. If she is no longer able to work in the garden, or to serve husband, son, or whatever male there is to the family, she is apt to be literally thrown out of the hut and left to fend for herself.

WOMAN WHO CRAWLED TWO DAYS WITH BROKEN HIP TO REACH MEDICAL MISSIONARY IN SOUTH AFRICA.

The idea of care for the aged and sick, the idea that all human life, whatever its state, is valuable, is new to Africa. Under the teaching of Christian missionaries it is gradually making its way into the dark recesses of the African mind. The medical missionary especially demonstrates in his daily work the ideal of the conservation of human life.

Increase of medical work in Africa is part of the program of the Methodist Missionary Centenary, now raising $105,000,000 for general welfare work throughout the world.

AN INTERESTING MEETING

The regular meeting of District No. 1 (Los Angeles) of the Southern California Organization for Public Health Nursing was held March 13th, 1919.

A short business session preceded the speakers of the evening, during which the resignation of the secretary and treasurer, Emla M. Black, was accepted.

The organization thus loses a very popular member and the affection and best wishes of her fellow members will follow Miss Black in her new work, as missionary to Korea.

The speakers of the evening were Miss Gertrude Darlow, of the public library and Miss Margaret Scott, chief nurse, Fort Sill, Oklahoma.

Miss Scott brought a message of much interest about her experiences, from the view point of a nurse in active service, in the hospitals at Camp Lewis, Washington, and Fort Sill, Oklahoma.

Miss Darlow's subject was Modern Literature, and in a most charming manner she gave a very good outline for interesting and worth while reading for vacation hours during the summer:

Far Away and Long Ago, by W. H. Hudson.
Tales of War, by Lord Dunsany.
Another Sheaf, by John Galsworthy.
Years of Childhood, by Serge Aksakoff.
Eyes of Asia, by Rudyard Kipling.
New and Old, by Edith Sichel.
Anthology of Magazine Verse, 1918, by W. Braitlewaite.

REFRESHER COURSE FOR PUBLIC HEALTH NURSES

The Minnesota Public Health Association offers a four-weeks' refresher course to public health nurses who have had experience in public health work. The course is to be conducted by Miss Mary M. Muckley, R. N., Field Secretary of the Minnesota Public Health Association. It will begin some time during the month of June and will be held in the Old Capitol, St. Paul, Minn.

All communications regarding the course must be addressed to Miss Muckley at the Old Capitol, St. Paul, Minn.

A LECTURE COURSE IN AKRON

A Lecture Course in Hygiene, Sanitation and Public Health Nursing is being given at the Municipal University of Akron, under the joint direction of the University and the Health Department of the City. The first term commenced April 2, the second term will begin September 3. During the summer quarter, opportunity will be afforded for practical field work in the various city clinics, public health stations, community welfare centers, playgrounds and hospitals. In the winter quarter the field work will include clinical studies, demonstrations in the laboratories of the Health Department and of the University, sanitary school surveys, practical studies in home betterment, and industrial welfare projects. The work is intended to benefit primarily persons of the following groups:

Graduate Nurses, Senior Pupil Nurses, Practical Nurses, Red Cross Workers, School Teachers, and any others who may show due interest and proper qualifications. In every case a general education at least equivalent to a standard high school course is pre-requisite.

NEWS NOTES

Miss Wald sailed for France on March 26th, to serve as the representative of the Federal Children's Bureau of the United States Department of Labor at the International Conference on Public Health to be held at Cannes, France. Miss Wald has gone as the guest of the American Red Cross and expects to stay abroad until June.

The purpose of the Conference is to present a program for the relief of suffering and to combat disease in the general interest of humanity. Experts will be present from France, England, Italy, Japan and the United States. Among other American experts who have gone over to attend the Conference are Dr. William H. Welch of Johns Hopkins, Dr. Simon Flexner and Dr. Herman M. Biggs of New York, Dr. L. Emmet Holt and Dr. Livingston Farrand.

The program prepared at Cannes will be submitted to a Conference of all the Red Cross societies, which is to be held at Geneva, Switzerland, later in the spring, and which Miss Wald will also attend.

Miss Mary S. Gardner who has been in Italy as the Chief Nurse of the American Red Cross Tuberculosis Unit since September, 1918, is about to be relieved of her duty there and is expected home early this summer. She is to be succeeded by Miss Edna Foley, Superintendent of the Visiting Nurse Association of Chicago, who sailed for Italy last month and is now on her way to Rome.

The state examination for the registration of nurses in the State of Washington will be held in Spokane and Seattle on June 2 and 3, by order of Miss Anna Phillips, President of the State Board of Nurse Examiners, and Mrs. Barbara H. Bartlett, University of Seattle, the Secretary-Treasurer of the Board.

A nurse to superintend the hygiene of the rural schools and to teach the Red Cross classes in the high schools of Shawnee County, Kans., has been appointed by the local Red Cross, and by the Public Health Nursing Association. The nurse is Miss Mary McCormick, a member of the nursing association staff for the past year and a half, who has been chosen to fill the place. Miss McCormick will take up her work at once.

A five weeks' course of Red Cross work, which Miss McCormick will teach in the seven rural high schools of the county, is one of the most important parts of her work.

Besides her work in the high schools Miss McCormick will have charge of the hygiene and sanitation of 105 rural district schools of the county. She will inspect the schools for contagious diseases and will co-operate with the teachers in this work. She will also examine the children for defects which can be corrected, such as eye strain, improper seating, improper breathing, adenoids, bad tonsils and bad teeth. A regular course of health lectures will be given in the schools. She will work in an established itinerary and hopes to see each school of her territory in the two months remaining of the rural term. A small automobile has been provided in which Miss McCormick will make her trips.

Miss Margaret Purves has been engaged as assistant superintendent of the Public Health Nursing Association at Topeka, Kans., under Mrs. C. C. Bailey, superintendent of the association. Miss Purves has had wide and interesting experience in nursing and in tuberculosis and public health work.

OBITUARY NOTICE
MISS JANE A. DELANO

Miss Jane A. Delano, who died April 15th, at Base Hospital No. 8 at Sauvigny, France, was one of the foremost figures of the nursing world. It was under her direction that more than 30,000 nurses were recruited through the American Red Cross for service with the Army and Navy after the United States entered the great conflict. She was born in Watkins, New York, in 1852. Her father was killed in the Civil War and she was reared by her grandfather, a Baptist clergyman.

The call to relieve suffering humanity came to her while still a young girl, and after her preliminary education she began fitting herself for the career in which she was destined to attain such great prominence.

Miss Delano graduated from Bellevue Hospital, New York, in 1886, and two years later rendered her first patriotic service to her country by volunteering to nurse yellow fever victims in Jacksonville, Fla. Up to the time Miss Delano and a few other courageous trained nurses went to Jacksonville from New York, the fever patients had been cared for by some negro nurses who, while willing and devoted, lacked the scientific skill necessary to combat successfully the dread malady.

Although at that time medical science had not decided that the mosquito was a yellow fever carrier, Miss Delano had reached that conclusion and had insisted on the use of mosquito netting by her nurses with the most satisfactory results.

Her work in Jacksonville finished, Miss Delano was called to Bisbee, Ariz., in 1889 to establish a hospital for one of the big copper companies. Two years later she was made superintendent of the nurses' training school of the University of Pennsylvania, a position she held for five years. Special courses in philanthropy and medicine further increased her knowledge and in 1900 she returned to Bellevue Hospital to direct the nurses' training school there, continuing in that capacity until 1905.

When the American Red Cross, following the re-organization in 1905, entered into an agreement with the American Nurses' Association for the purpose of developing a nursing reserve for the Army Nurses' Corps, Miss Delano was appointed chairman of the committee in charge of the work.

She was also named as superintendent of the Army Nurses' Corps, by the Surgeon General, in which capacity she visited the Phillippine Islands, China, Japan and Hawaii. Due to her untir-

ing effort, 8,000 carefully selected nurses were available for government service at the time the United States entered the war, and her leadership was largely responsible for the success of the nurses' recruiting campaign which followed.

Miss Delano served three times as president of the American Nurses' Association, and also served several years as head of the directorate of the American Journal of Nursing.

She was a woman of striking personality and appearance. Regal in carriage, a mass of snow white hair crowning a strong, but kindly face, she was a commanding figure in any gathering. A gentle manner and sympathy that was boundless, won for her a great circle of friends.

Miss Delano served the American Red Cross from first to last without compensation—a full time volunteer. She was the last of her family, her passport application, filed a few months ago, giving the name of a prominent nurse as her "nearest relative."

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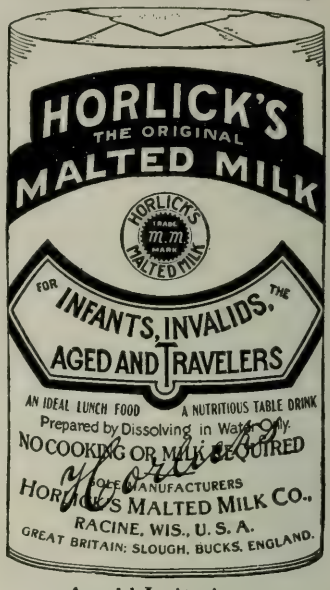

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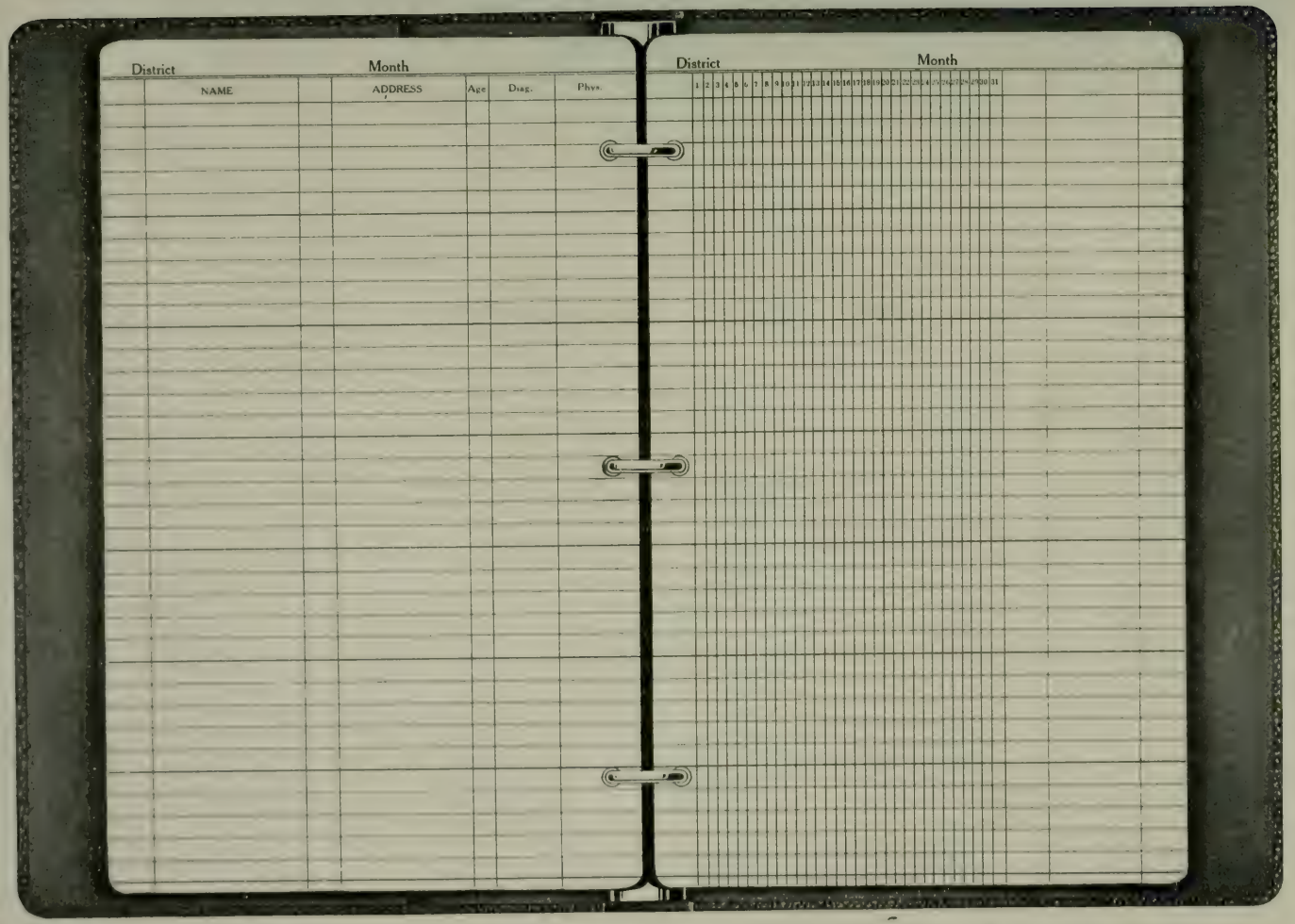

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CONSCIENTIOUS OBJECTORS

to the application of heat as a therapeutic agent in treating pneumonia and other diseases, are rapidly being converted to the use of Antiphlogistine as an adjunct in treating most conditions where inflammation plays a part.

The fact that Antiphlogistine retains heat for twenty-four hours is worthy of note, but **this truth** is only incidental—**the big thing**—the vital part of Antiphlogistine is its hygroscopic-osmotic power—the power to take unto itself the products of inflammation. Other important facts are that Antiphlogistine is antiseptic, that it increases leucocytosis and encourages the production of antibodies.

There are no objectors to

Antiphlogistine
TRADE MARK

amongst physicians who are acquainted with its therapeutic action

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